

Name
in
Full

Fita Beamer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death 1906	Month 2	Day 6	Age 32	Years 3	Months 5	Days 1
Sex Female	Color or Race white		Birth-place Bladensburg D.C.			
Married, Single or Widowed Married			Occupation W.			
Name of Wife or Husband Ellie Beamer						
Father's Name Chas Castle			Father's Birthplace D.C.			
Mother's Maiden Name Alice			Mother's Birthplace D.C.			
Name of person giving Information Ellie Beamer			How related to deceased Husband			

CAUSES OF DEATH

Primary

Intercolic

21

How long

2 years
Mother

Immediate

✓

How long

D. P. Long

Are the name, age, sex, color, date
and place correctly given above?

yes

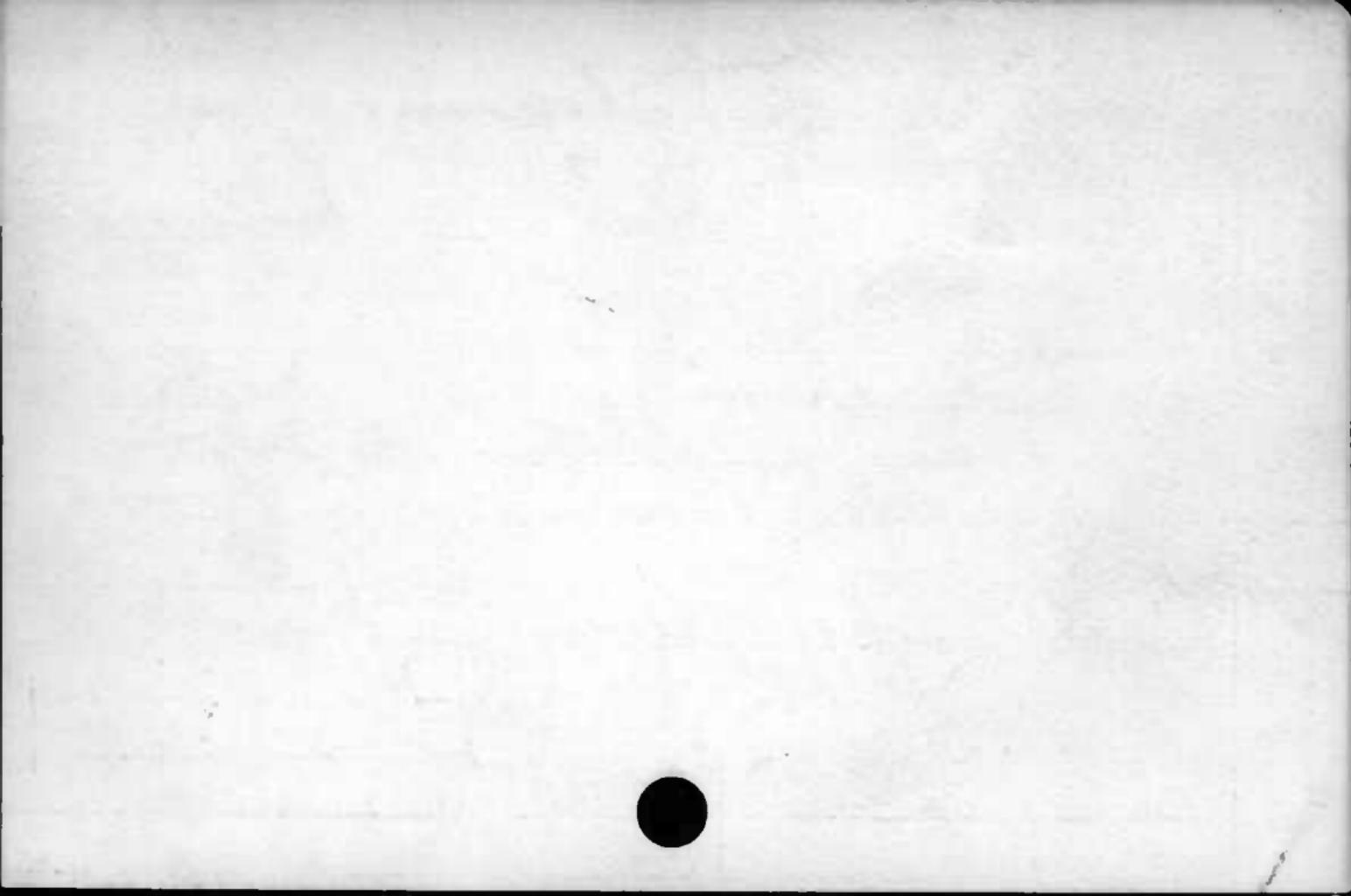
Signature of
Physician

Address

D. P. Long
Piedmont W.C.PHYSICIAN
CORONER

Accident or Suicide?

D.W.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at

Rida Blank
Town
Mt. Savage, Maryland

County
MARYLAND

Date
of death

1906

Month

Feb

Day

16

Years

2

Age

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Mt. Savage, Md.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Lori Blank

Father's
Birthplace

Mt. Savage, Md.

Mother's
Maiden Name

Fayene Wilhelmina

Mother's
Birthplace

Mt. Savage, Md.

Name of person giving
Information

Walter Blank

How related
to deceased

Brother

CAUSES OF DEATH

91

How long

3 days

How long

few hours

Primary

Broncho-pneumonia

Immediate

Spasmodic Cough

Signature of
Physician

Address

Edward Daniels
Mt. Savage, Md.

PHYSICIAN
OR CORONER



Accident or Suicide?



Name
in
Full

Horace L. Boyd (Col)

1/2/I
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1906	Month 2	Day 6	Years 22	Months	Days
Sex	Male	Color or Race	Black			
Occupation	Laborer -					
Married Single or Widowed	Name of wife or husband					
Father's Name	—					
Mother's Maiden Name	Horace, Boyd & husband W. Va.					
Name of person giving information	John Carell					
Where Residing if not at place of death						
Father's Birthplace						
Mother's Birthplace						
How related to deceased						

CAUSES OF DEATH

PHYSICIAN
OR
CORONER

Primary

Drowned.

172

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

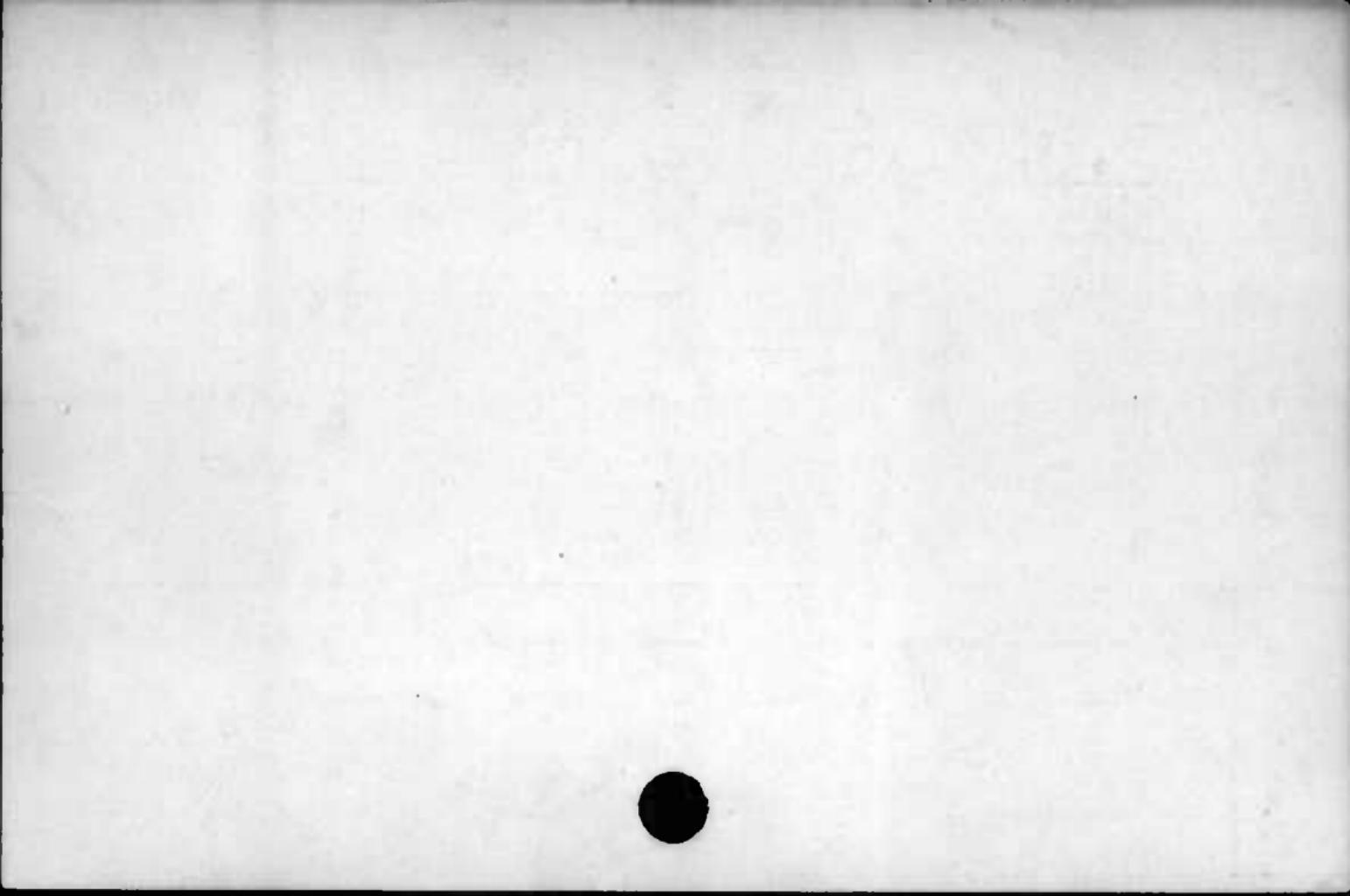
Signature of
Physician

Address

H. W. Hubbard
act. Coroner

1

Accident or Suicide?



Goldie Adelgido Brashears

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death	1906	Month Jul	Day 3	Years 1	Months 4
Sex	Female	Color or Race	White	Birth- place	City
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Henry Brashears				Md
Mother's Maiden Name	Wife,				WVA
Name of person giving Information	Mother (28)				Mother
CAUSES OF DEATH					
Primary	Tuberculosis (Meningeal)				How long 7 month
Immediate	Meningitis				How long 1 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	L. L. Bradford		
		Address	City		

PHYSICIAN
OR CORONER

10

Are the name, age, sex, color, date
and place correctly given above?

Accident or Suicide?

Yes

Address





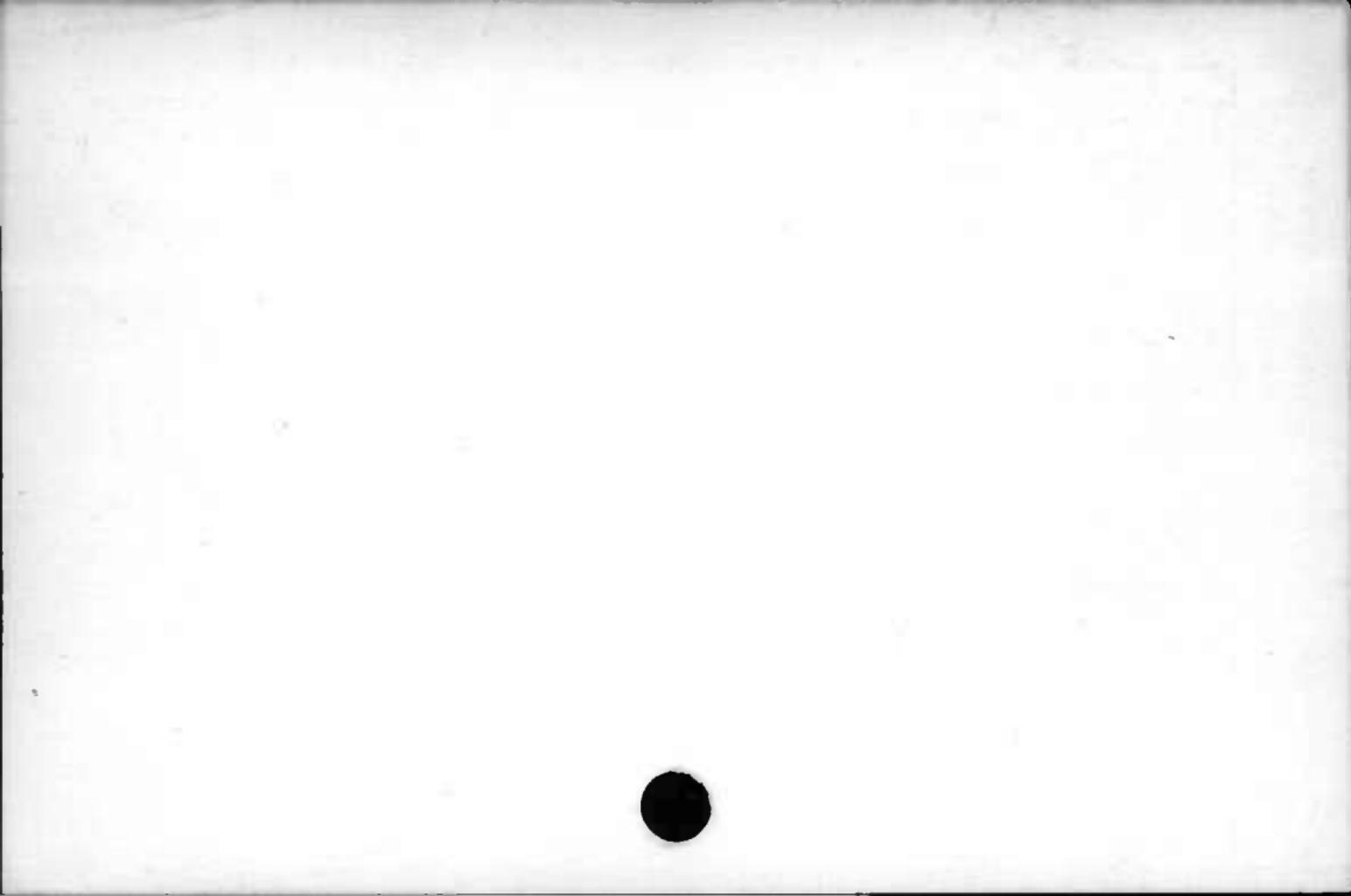
Elizabeth Byrnes

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
1906	Feb.	7	39	-	-		
Sex	Female	Color or Race	white	Birth-place	Penn.		
Occupation	Housewife		Where Residing If not at place of death	Midland St.			
Married, Single or Widowed	Married	Name of Wife or Husband	John Byrnes				
Father's Name	James T. Brady		Father's Birthplace	Ireland			
Mother's Maiden Name	Ellen Reynolds		Mother's Birthplace	Ireland			
Name of person giving Information	James T. Brady		How related to deceased	Mother			

CAUSES OF DEATH

Primary	Mitral regurgitation	(P)	How long	months - longer
Immediate	Exhaustion		How long	some time
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	James O. Bullock M.D.
			Address	Somers Bay Maryland
Accident or Suicide?		no		



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Infant		Town	Clark (Md)		CERTIFICATE OF DEATH	
Died at	Cumberland		County	MARYLAND		
Date of death	1906	Month July	Day 13	Years -	Months -	Days -
Sex	Male	Color or Race	White	Birth-place	Cumberland	
Occupation	-			Where Residing if not at place of death	-	
Married, Single or Widowed	Single	Name of Wife or Husband	-	S.	Father's Birthplace	Pa
Father's Name	H. W. Clark			Mother's Birthplace		va
Mother's Maiden Name	Genevieve Holstead			How related to deceased		Father
Name of person giving information	H. W. Clark					

CAUSES OF DEATH

Primary

How long

Immediate

Still Born.

How long

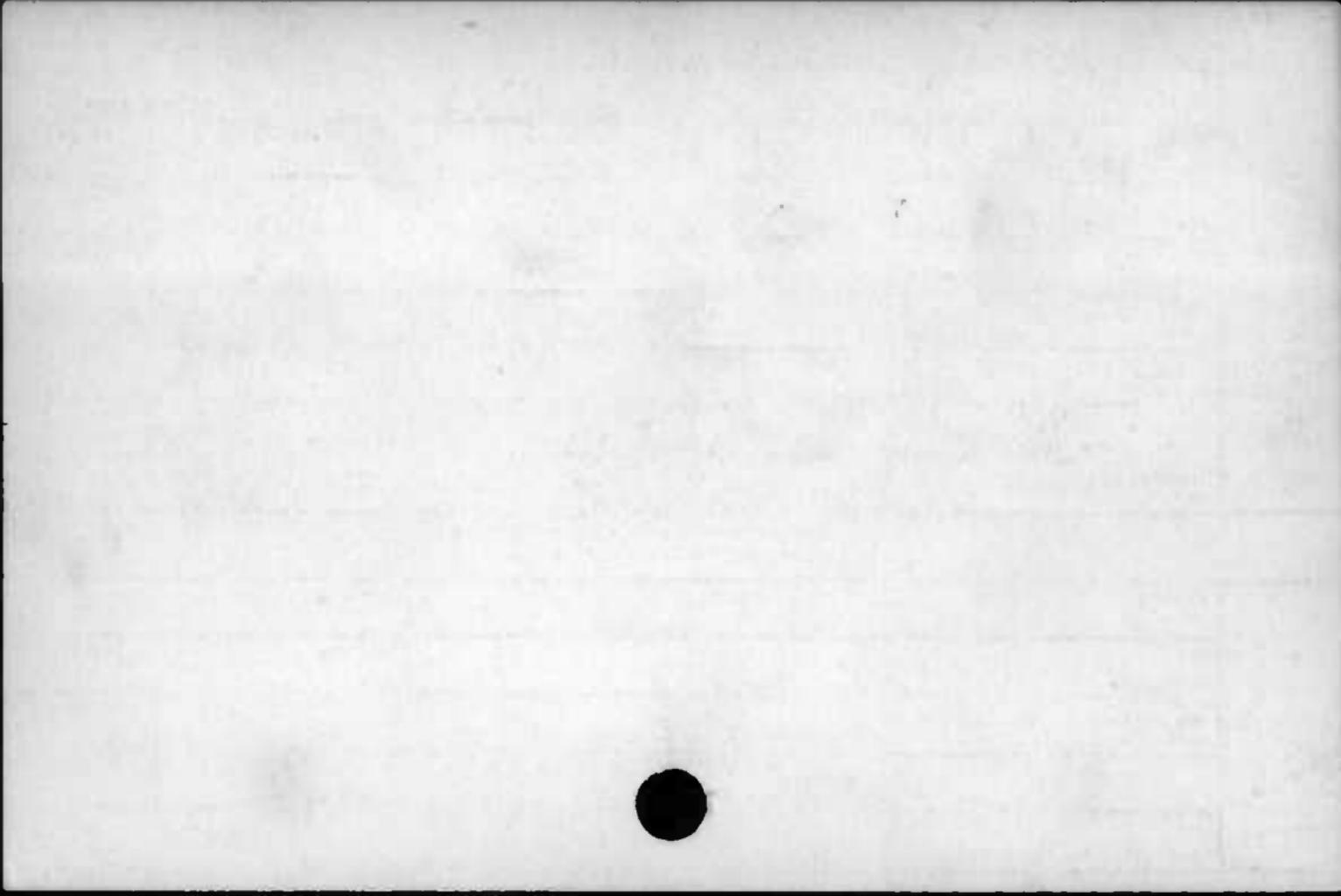
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H. A. H. Hawkins
Cumberland
Md.

Accident or Suicide?



Name
in
Full

Mary Clarke

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Count	MARYLAND
Date of death	Month	Day	Years
1906	Feb	14	Age 40
Sex	Color or Race	Birth-place	
Female	White	Md	
Occupation	Where Residing if not at place of death		
Housewife			
Married, Single or Widowed	Name of Wife or Husband		
Married	John Clarke		
Father's Name	Dead	Father's Birthplace	
Mother's Maiden Name	Lena Herpich	Mother's Birthplace	
Name of person giving Information	John Clarke	How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary: Bright's Disease (93) How long
Immediate: Pneumonia How long

Are the name, age, sex, color, date
and place correctly given above?

yes

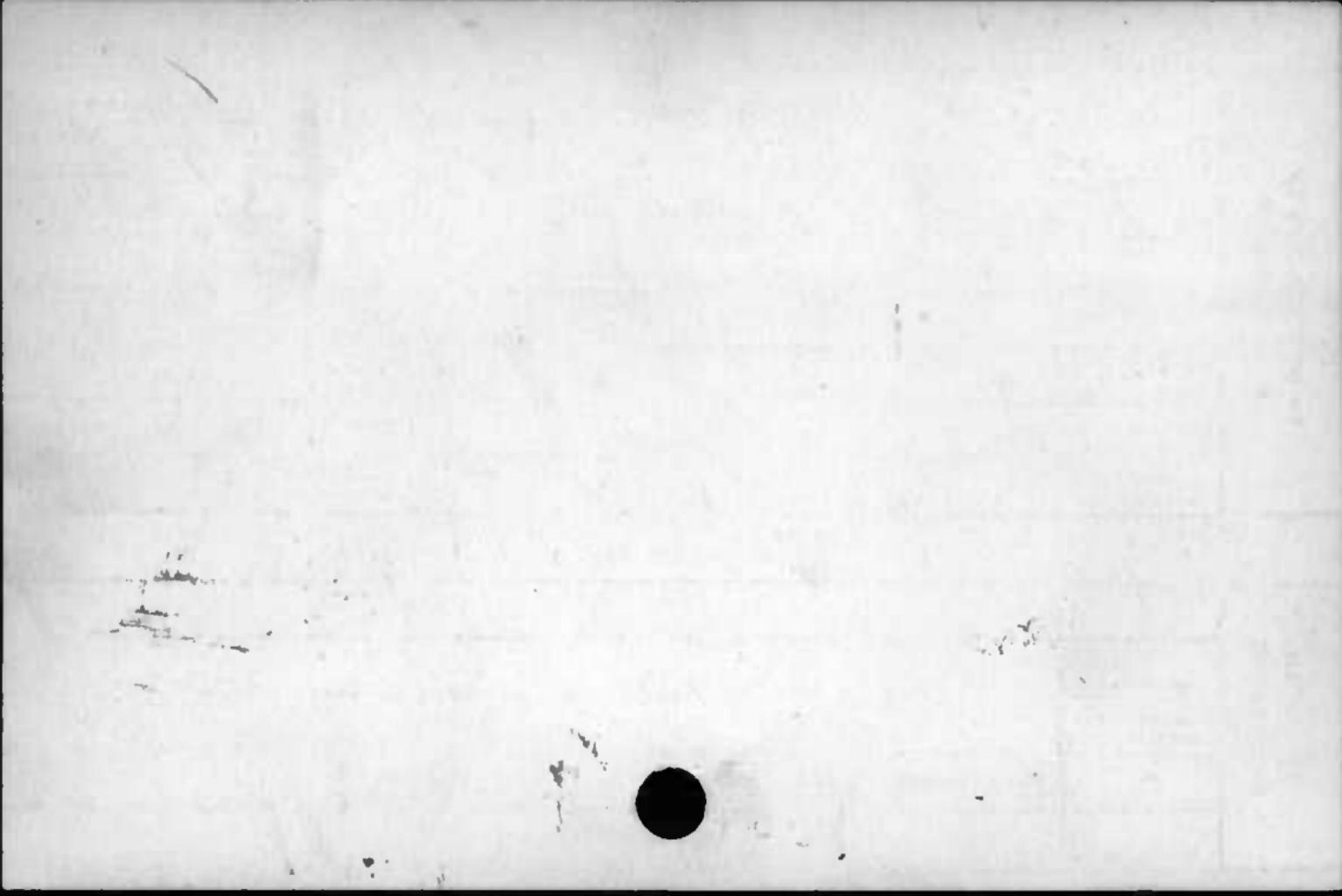
Signature of
Physician

Address

Dr W R Hodges
Stein
Baltimore
Md.

1

Accident or Suicide?



Name
in
Full

Clay

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	
Cumberland Allegany				
Date of death	Month	Day	Year	Months Days
1906	Feb	17	Age	
Sex	Male	Color or Race	white	Birth-place
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Walter Clay S.			
Mother's Maiden Name	Margaret Conway			
Name of person giving information	W. Clay			

Father's Birthplace
Mother's Birthplace
How related to deceased

mt
mt
father

CAUSES OF DEATH

Primary

died in utero

How long

separation

Immediate

several days before birth

How long

7 P. C. C. C. C.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

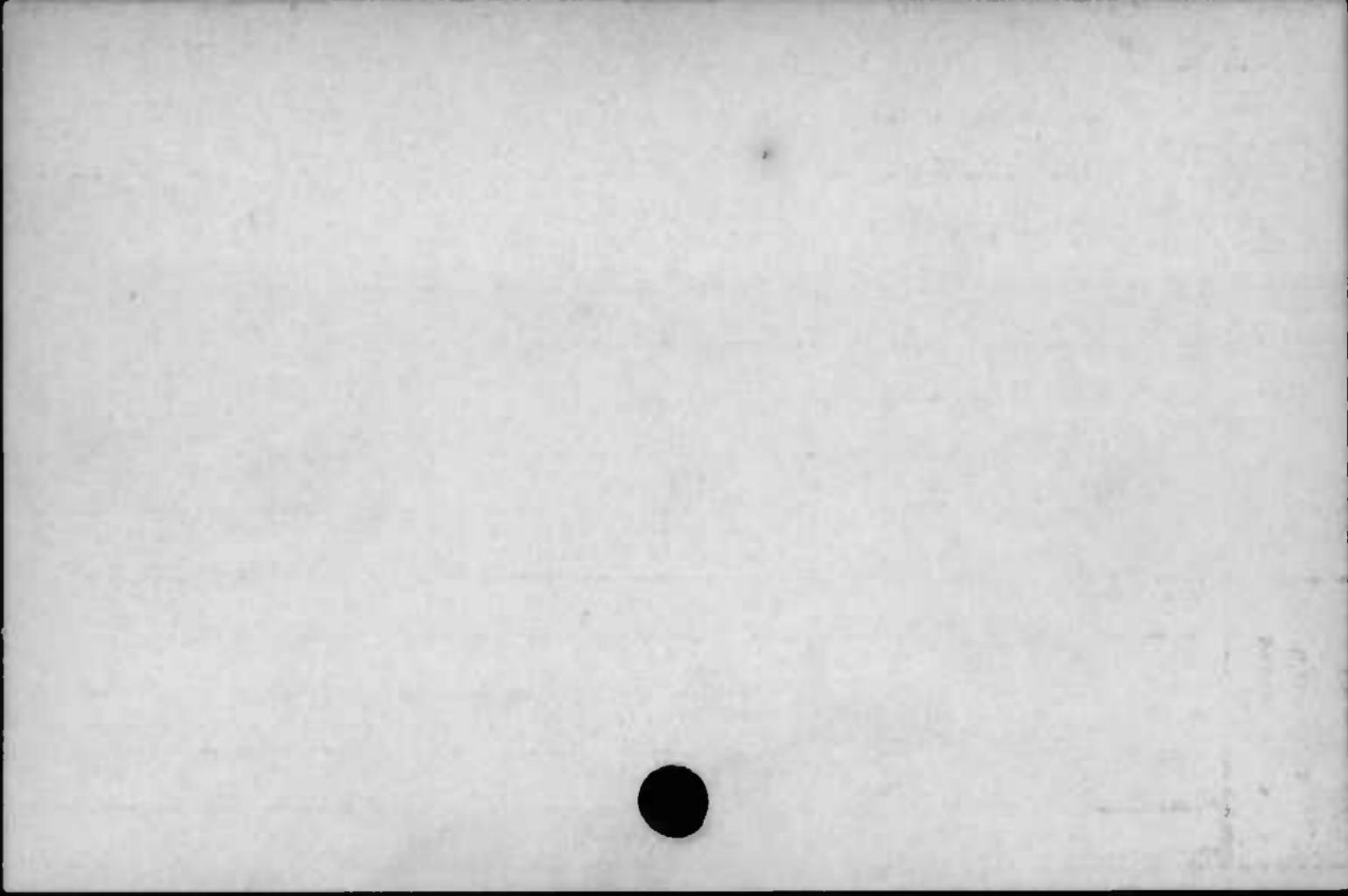
Address

E. B. Clay, M. D.

Cumberland

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

no name

bde (H M)

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 1906	Month Feb	Day 2nd	Years no	Months no	Days 10 hours	
Sex Female	Color or Race	White	Birth-place Wootonport MD			
Married, Single or Widowed		Occupation		none		
Name of Wife or Husband ✓						
Father's Name J. E. Colb		Father's Birthplace Howard Co Md				
Mother's Maiden Name Rose Bonnette		Mother's Birthplace Weston W Va				
Name of person giving information mrs J. E. Colb		How related to deceased mother				

CAUSES OF DEATH

PHYSICIAN
OR CORONER



Primary

Heart failure

(179)

How long

✓ 10 hours

Immediate

Heart failure

How long

✓ 10 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

W. A. Shesey

Piedmont W Va

Accident or Suicide?

0170/10

Name
in
Full

Virginia Cornally -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Died at	Hofstra	Valley	Age	Years	Months	Days
Date of death	1906	Month	Day	7	3.	21.
Sex	Female	Color or Race	white	Birth-place	Marbury	MD.
Occupation	x	x	Where Residing if not at place of death	Marbury MD.		
Married, Single or Widowed	x x	Name of Wife or Husband	x x	x		
Father's Name	Patrick J. Cornally -			Father's Birthplace	MD.	
Mother's Maiden Name	Alice Metzner			Mother's Birthplace	MD.	
Name of person giving information	Pat. J. Cornally 1			How related to deceased	Father	

CAUSES OF DEATH

Primary	Scarlet fever & Septicemia	How long	x x
Immediate	Congestion of Kidneys	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Blumawall - MD,

PHYSICIAN
OR CORONER

Accident or Suicide?

John

Catholic

Elementary

Died at		Town	County	CERTIFICATE OF DEATH		
		Leggatting	Allegany	MARYLAND		
Date of death	1906	Month	Day	Years	Months	Days
Sex	Female	Color or Race	White	Age	43	-
Occupation	Housewife		Where Residing if not at place of death	Scotland		
Married, Single or Widowed	Married	Name of Husband	Robert Cork			
Father's Name	Benjamin Fical		Father's Birthplace	Scotland		
Mother's Maiden Name	Jessie Dymeler		Mother's Birthplace			
Name of person giving information	Robert Cork		How related to deceased	Husband		

CAUSES OF DEATH

Primary

Chronic nephritis

64

How long

About 2 yrs

Immediate

Central hemorrhage

How long

Suddenly

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. Skilling M.D.
Concordia

Accident or Suicide?

No



Name
in
Full

Bernard F. Cooney

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County	MARYLAND	
Died at	Cumberland		Alleghany		
Date of death	Month	Day	Age	Years	Months
1906	Feb.	12	34		Days
Sex	Male	Color or Race	White	Birth-place	Cumberland
Occupation	Restaurant Keeper				
Married, Single or Widowed	Single		Where Residing if not at place of death	—	
Father's Name	—				
Mother's Maiden Name	Mary Cooney				
Name of person giving information	Sarah Cooney				

CAUSES OF DEATH

Primary

Consumption

21

How long

3 mo.

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

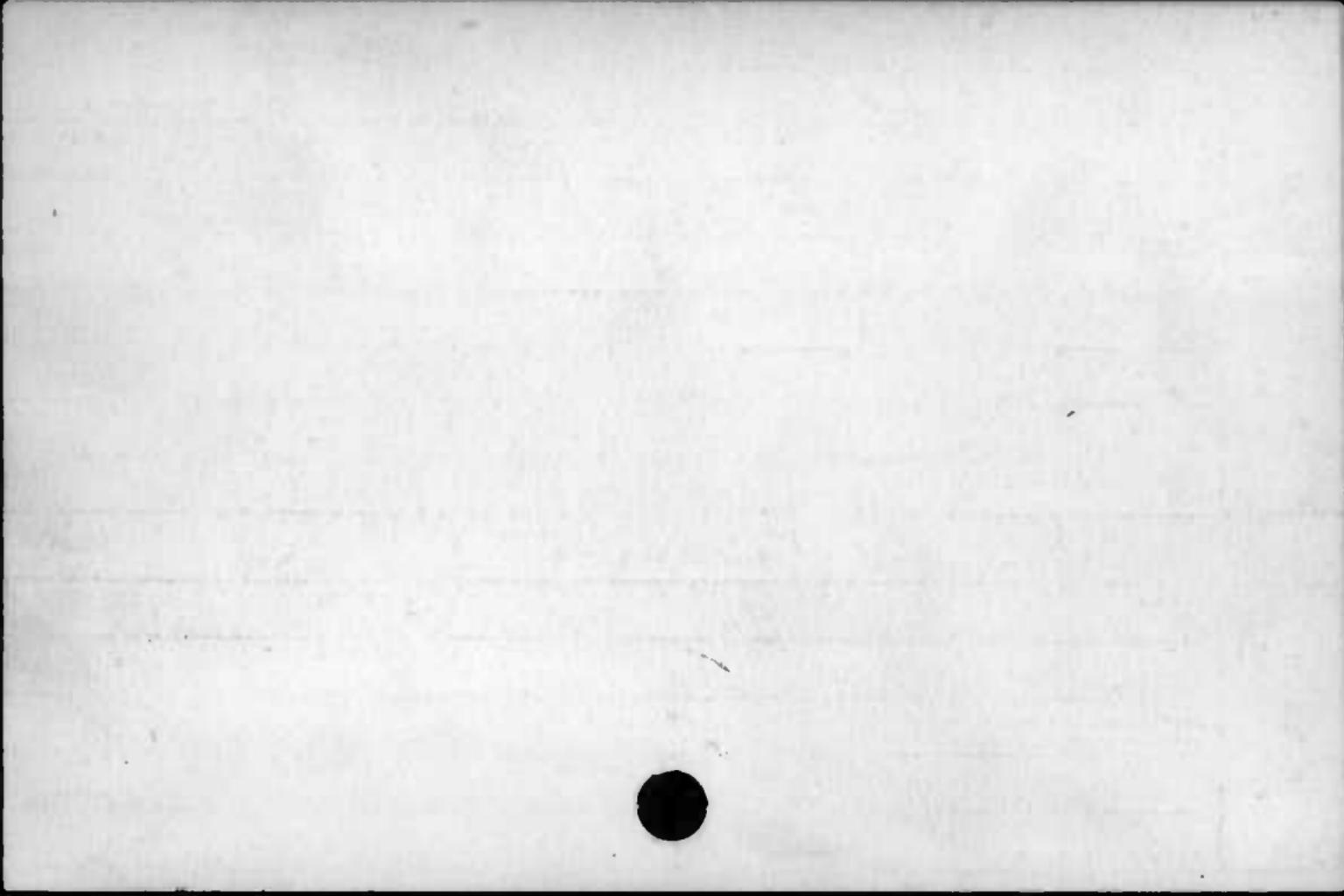
Address

Dr Geo L Carder
Cumberland, Md

1

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

John Mayo Good

2/1/11

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Place of death		Age		County		Municipality		State		
Date of death	1906	Month	2	Day	2	Year	69	Months	—	Days	—	
Sex	Male	Color or Race	White	Birth- place	—							
Occupation	Carpenter										Where Residing if not at place of death	
Married, Single or Widowed	Name of Wife or Husband											
Father's Name	—										Father's Birthplace	—
Mother's Maiden Name	—										Mother's Birthplace	—
Name of person giving Information	Philip J. Newell Flynn										How related to deceased	

CAUSES OF DEATH

Primary

Drowned

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

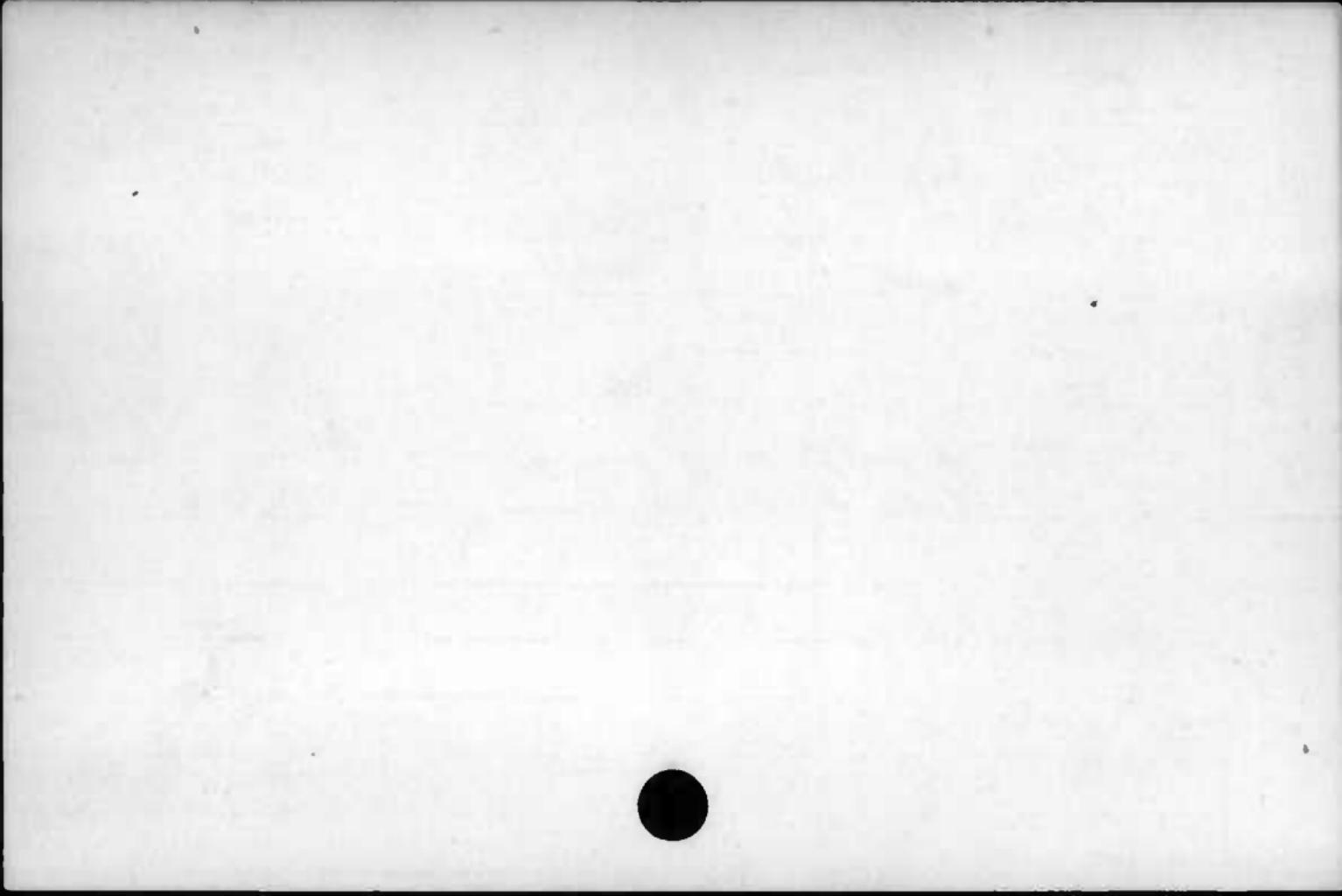
Address

J. P. Newell
Acting Coroner

✓
PHYSICIAN
OR CORONER

1

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Cunningham

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1906	Month Feb	Day 15	Years	Months	Days 1
Sex	Male	Color or Race	white	Birth-place	Md	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Robby P Cunningham			Father's Birthplace	Wren	
Mother's Maiden Name	Mary M.			Mother's Birthplace	Md	
Name of person giving information	Robby P Cunningham			How related to deceased	Daughter	

CAUSES OF DEATH

Primary Difficult Labor + Partial Placenta Praevia
How long 1/2 da

Immediate Obstruction
How long 1 dn

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

151 South Broadway
Cumberland
Md

Accident or Suicide? No



Name
in
Full

Mr. J. J. Davis

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Cumberland , Date of death 1906 .		Town Month Feb.,	County Years Allegany, 25	MARYLAND Months Days -; ---	
Sex Male	Color or Race White	Birthplace Unknown			
Occupation Brakeman		Where Residing if not at place of death Frederick, Md.			
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name					Father's Birthplace
Mother's Maiden Name					Mother's Birthplace
Name of person giving Information Daily News					How related to deceased Nine

CAUSES OF DEATH

Primary	Railroad accident	166	How long	few minutes
Immediate	Life crushed out		How long	

Are the name, age, sex, color, date
and place correctly given above?

Yes

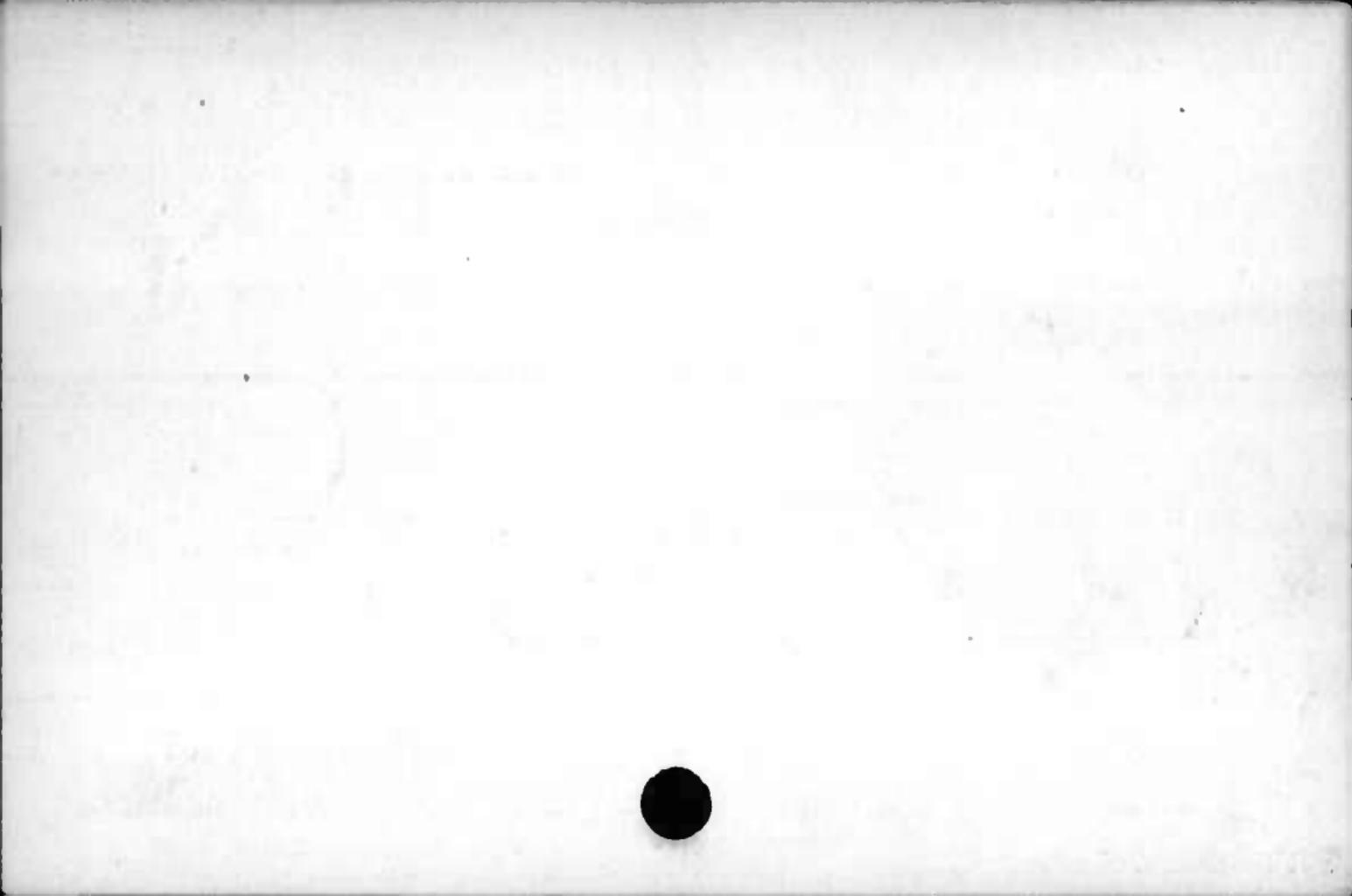
Signature of
Physician

Address

*J. M. Davis
Cumberland, Md.*

Accident or Suicide?

✓
PHYSICIAN
OR CORONER



Name
in
Full

Fredrick C Dreyer

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death	1906	Month	Day	Years	Months
Sex	Male	Color or Race	Age	89	Days
Occupation	Carpenter				
Married, Single or Widowed	Widowed	Name of Wife or Husband	Where Residing If not at place of death		
Father's Name					
Mother's Maiden Name					
Name of person giving information	Jno Dreyer				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Appoplexy	64	How long
Immediate	Old Age		How long

Are the name, age, sex, color, date and place correctly given above?

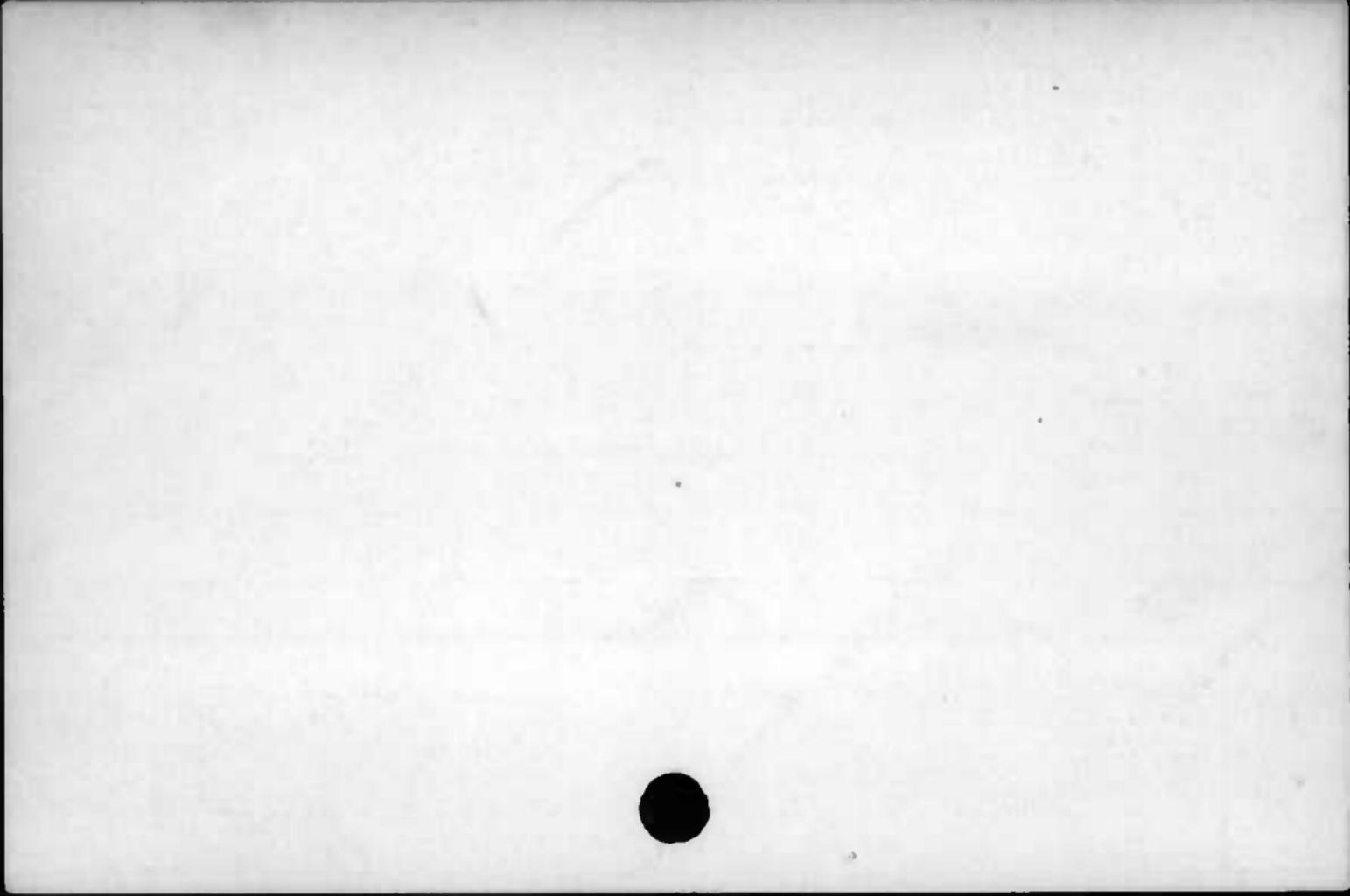
Yes

Signature of
Physician

Address

Dr J J Wilson
Cumberland
Md

Accident or Suicide?



Name
in
Full

Ellis Duckworth

CERTIFICATE OF DEATH

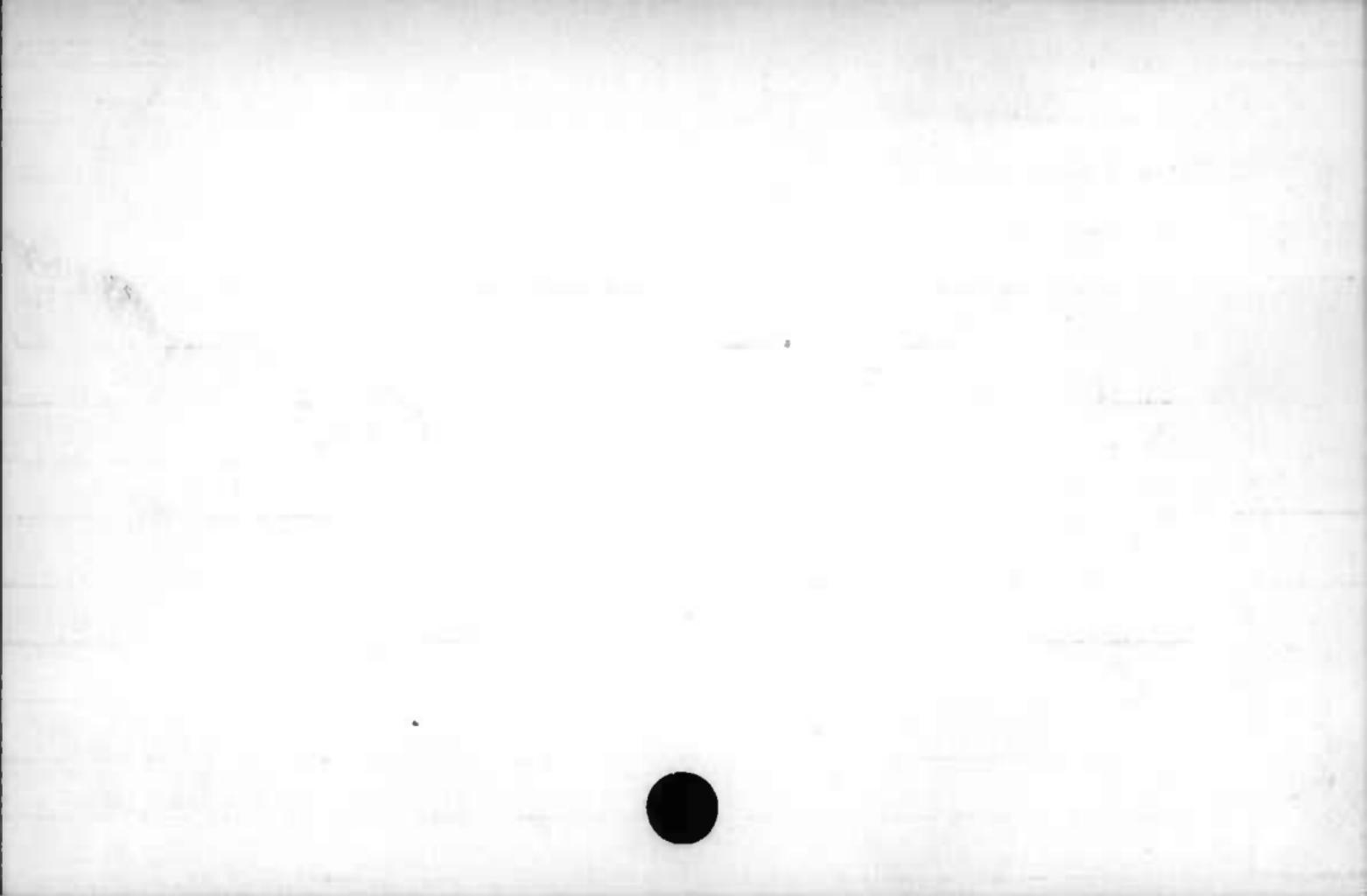
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906	Feb.	24	28	6	1
Sex	Male	Color or Race	W	Birth-place	Md
Occupation	Barber				
Married, Single or Widowed	Single				
Father's Name	Lewis Duckworth				
Mother's Maiden Name	Harriett Charlotte				
Name of person giving information	Aimee Bonnier				

CAUSES OF DEATH

Primary	Pulmonary Tuberculosis		How long	2 yrs
Immediate	Exhausion		How long	3 mos
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	R. Duckworth
			Address	Cambridge Md.
Accident or Suicide?				

1



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Inf Chas Fisher

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	male	Color or Race	white	Birth-place	Emmick	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Charles E Fisher					
Mother's Maiden Name						
Name of person giving information	Charles E Fisher					

CAUSES OF DEATH

Primary

Premature Birth

How long

2 hrs.

(151)

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

yes

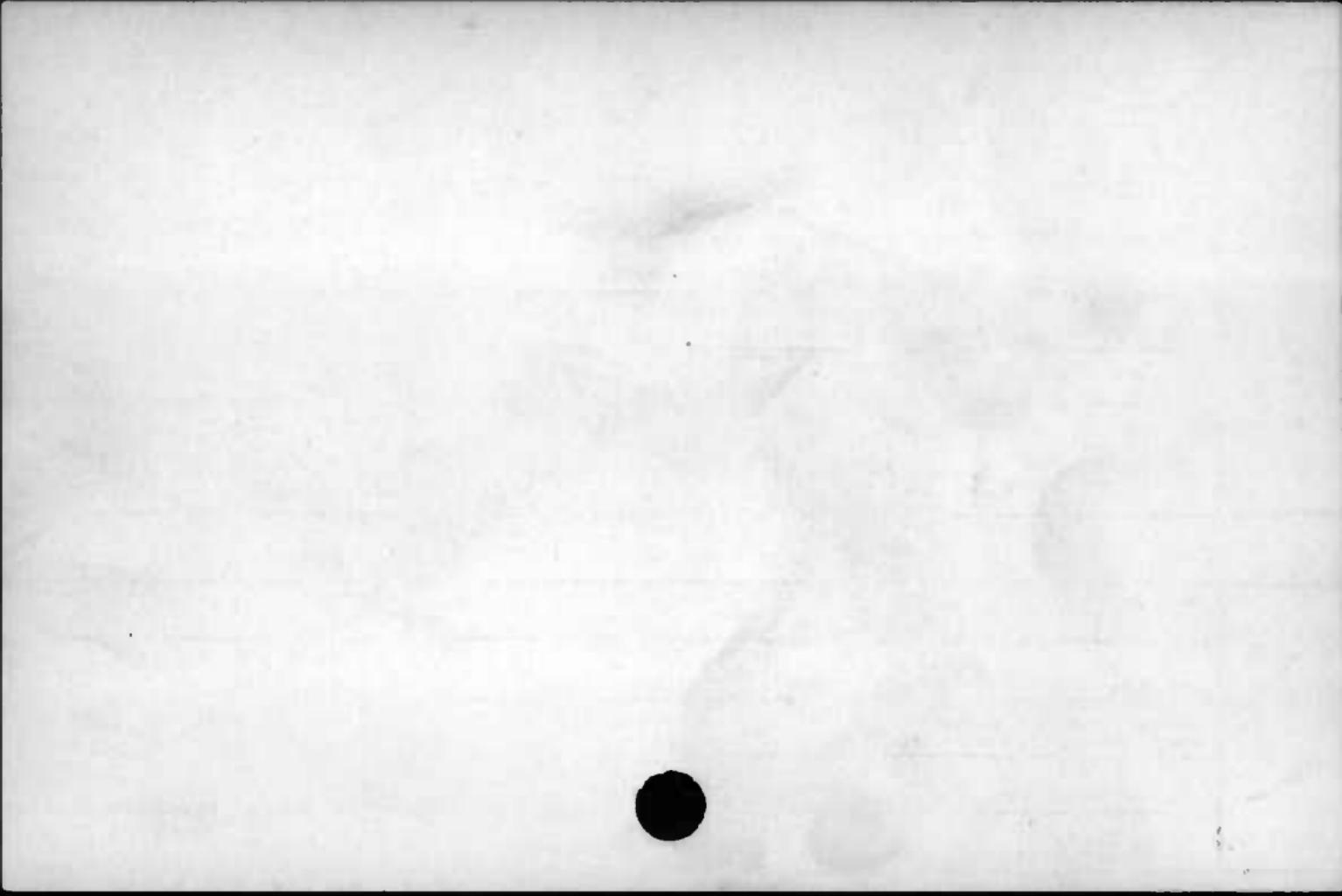
Signature of Physician

Address

Dr H. S. Wailes
Emmick
Md

Accident or Suicide?

1



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1

Philip Fouts

CERTIFICATE OF DEATH

Died at		Town		County		MARYLAND	
Date of death	1906	Month Feb.	Day 5	Years 57	Months 2	Days —	
Sex	Male	Color or Race	White		Birth-place	Cumberland.	
Occupation	Butcher		Where Residing if not at place of death		—		
Married, Single or Widowed	Single	Name of Wife or Husband	—		—		
Father's Name	—		—		Father's Birthplace	Germany.	
Mother's Maiden Name	—		—		Mother's Birthplace	—	
Name of person giving information	Conrad Randolph		—		How related to deceased	none	

CAUSES OF DEATH

Primary Cold 93 How long 8 days.

Immediate Pneumonia How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Dr J. J. Wilson
W. Cumberland ^{stein}
Md.

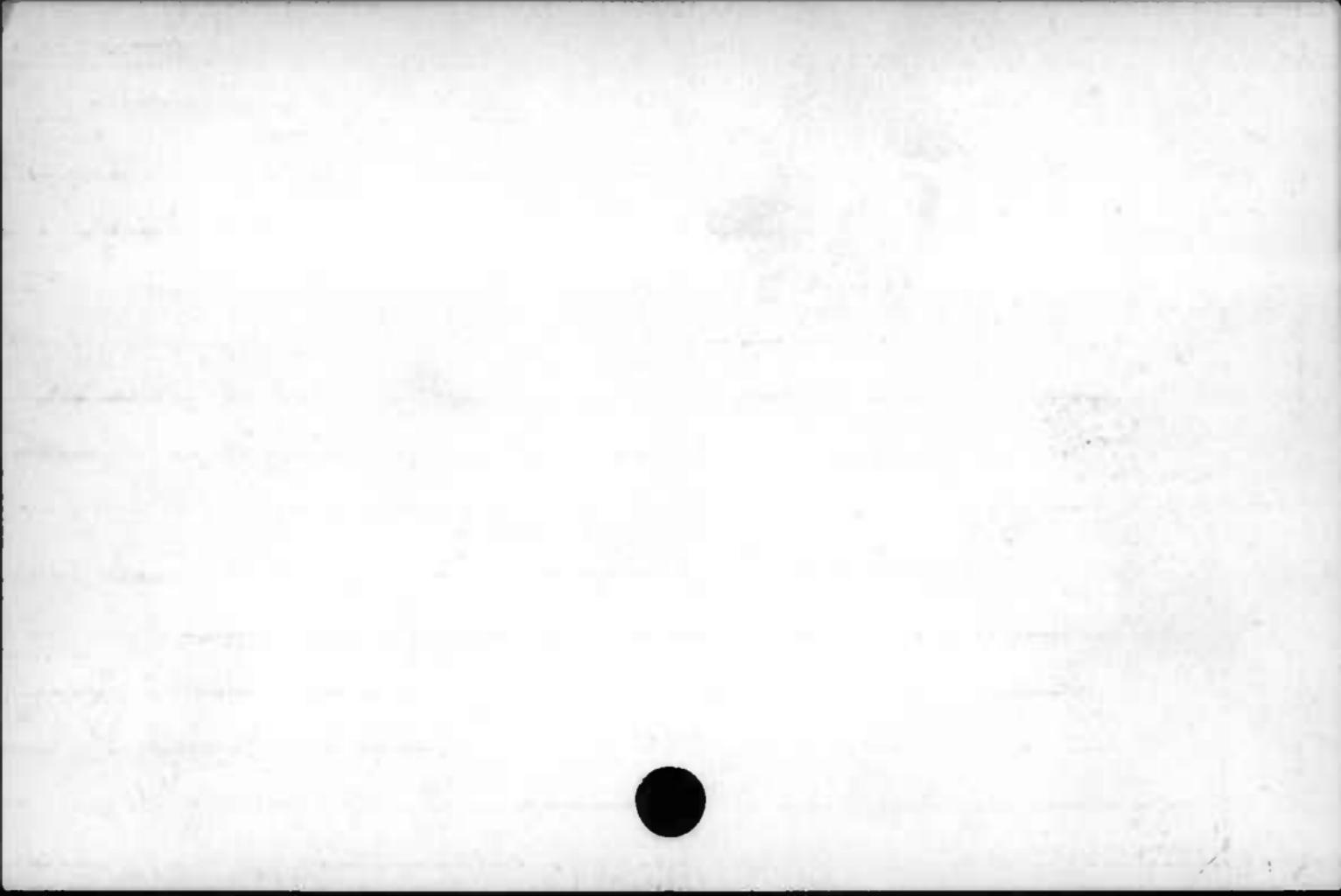
Accident or Suicide?

11 Grant St.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

1

Died at <u>Cumberland</u>		Town	County <u>Allegheny</u>		MARYLAND		
Date of death <u>1906</u>	Month <u>Feb</u>	Day <u>2</u>	Age <u>—</u> Years	Months <u>—</u>		Days <u>3 hrs</u>	
Sex <u>Male</u>	Color or Race <u>white</u>		Birthplace <u>Cumberland Md</u>				
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>						
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>		Father's Birthplace <u>Na</u>				
Father's Name <u>Paul Neewander</u>			Mother's Birthplace <u>W Va</u>				
Mother's Maiden Name <u>Charlotte Fraley</u>			How related to deceased <u>mother</u>				
Name of person giving Information <u>Mother Mrs Fraley</u>							
CAUSES OF DEATH							
Primary	<u>Prematurity</u>			151	How long <u>—</u>		
Immediate	<u>Exsanguination</u>			151	How long <u>3 hrs</u>		
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician <u>P. L. Owens M.D.</u>				
			Address <u>98 W. Main</u>				
Accident or Suicide?							



Name
in
Full

Elizabeth Picken Gardner

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at Lonaconing

Town

County

MARYLAND

Date
of death 1906

Month
Feb

Day
2

Years
1

Age

Months
8

Days
8

Sex
Female

Color or
Race

White

Birth-
place

Lonaconing

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

John Gardner

Father's
Birthplace

Lonaconing

Mother's
Maiden Name

Nellie Whitefield

Mother's
Birthplace

Franklin End

Name of person giving
Information

John Gardner

How related
to deceased

Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Whooping cough 8

How long

5 weeks

Immediate

Bronch. Pneumonia

How long

12 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J. G. Goldsworth Jr

Address

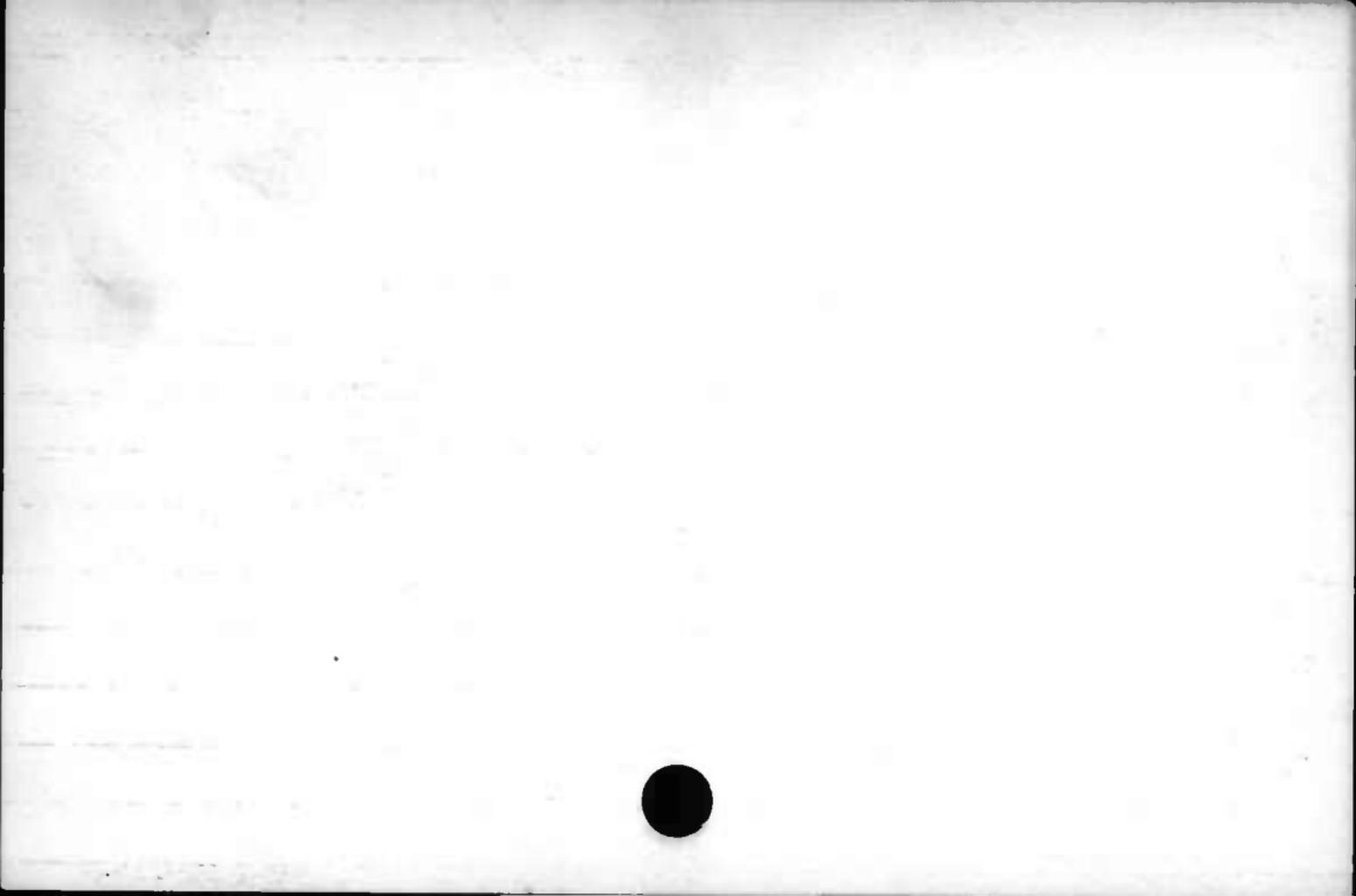
412 N. Madison

Lonaconing, Md.

1

Accident or Suicide?

No



Elsie Gardner

Town

Died at

Lonaconing

County

Allegany

CERTIFICATE OF DEATH

MARYLAND

Date
of death

1906

Month

Sept

Day

4

Years

1

Months

2

Days

10

Age

Sex
FemaleColor or
Race

white

Birth-
place

Lonaconing

Occupation

Where Residing If not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

John Gardner

Father's
Birthplace

Lonaconing

Mother's
Maiden Name

Nellie Whitfield

Mother's
Birthplace

Franklin

Name of person giving
Information

John Gardner

How related
to deceased

Father

CAUSES OF DEATH

Primary

Croupous cough

How long

5 weeks

Immediate

Broncho pneumonitis

How long

1 week

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Henry W. Hodges Jr. M.D.

Address

Lonaconing, Md.



Accident or Suicide?

No



Mrs Minnie Ginneman				MARYLAND				
Died at		Town	County					
Date of death	Month	Day	Years	Months	Days			
Sex	Color or Race		Age	Birth-place				
Occupation	Where Residing if not at place of death							
Married, Single or Widowed	Name of Husband		Frederick Ginneman					
Father's Name	Brown			Father's Birthplace	Germany			
Mother's Maiden Name	92			Mother's Birthplace	—			
Name of person giving Information	Mrs Ginneman			How related to deceased	Daughter-in-law			

CAUSES OF DEATH

Primary	Bronch- Pneumonia		How long	One week
Immediate	Heart Failure		How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	E. J. Duxbury	
		Address	Cumberland Md	
1 Accident or Suicide?				

Puttan

Name
in
Full

Carl H. Hardy -

2/1/16

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Green Spg
Father's Name	Sawyer H. Hardy -		
Mother's Maiden Name	Eliza Hamilton		
Name of person giving information	How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Drowned

172

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. B. Blanchard
Acting Coroner

Accident or Suicide?

Mary E.

64

30

10

5

5

W

2

15

3

6

20

20

1000

Name
in
Full

Laura Margaret Hart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at		Midland	Alleghany			
Date of death 1906	Month Feb.	Day 5	Age 3 1/2 hrs	Years	Months	Days
Sex Female	Color or Race	White		Birth- place	Midland	
Married, Single or Widowed			Occupation			
Name of Wife or Husband						
Father's Name	Wm Hart		Father's Birthplace	Pa		
Mother's Maiden Name	Josephine Shaper		Mother's Birthplace	Pa		
Name of person giving Information			How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Premature birth

151

How long

Immediate

"

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Alg. Smith
Midland
W. Va.

1

Accident or Suicide?

GM

Allegheny County -

Name
in
Full

Merriell Haynes

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Cumberland		Allegany					
Date of death	1906	Month	Day	Years	Months	Days	
		Feby	10	1	2	-	
Sex	Male	Color or Race	Colored				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Wm M Haynes		Somerset				
Mother's Maiden Name	Ma. Edla.		105	Zion			
Name of person giving information	Wm M Haynes		Father				

CAUSES OF DEATH

Primary	Gastro-Enter- o- Colitis	How long
Immediate	Pneumonia Fever.	How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

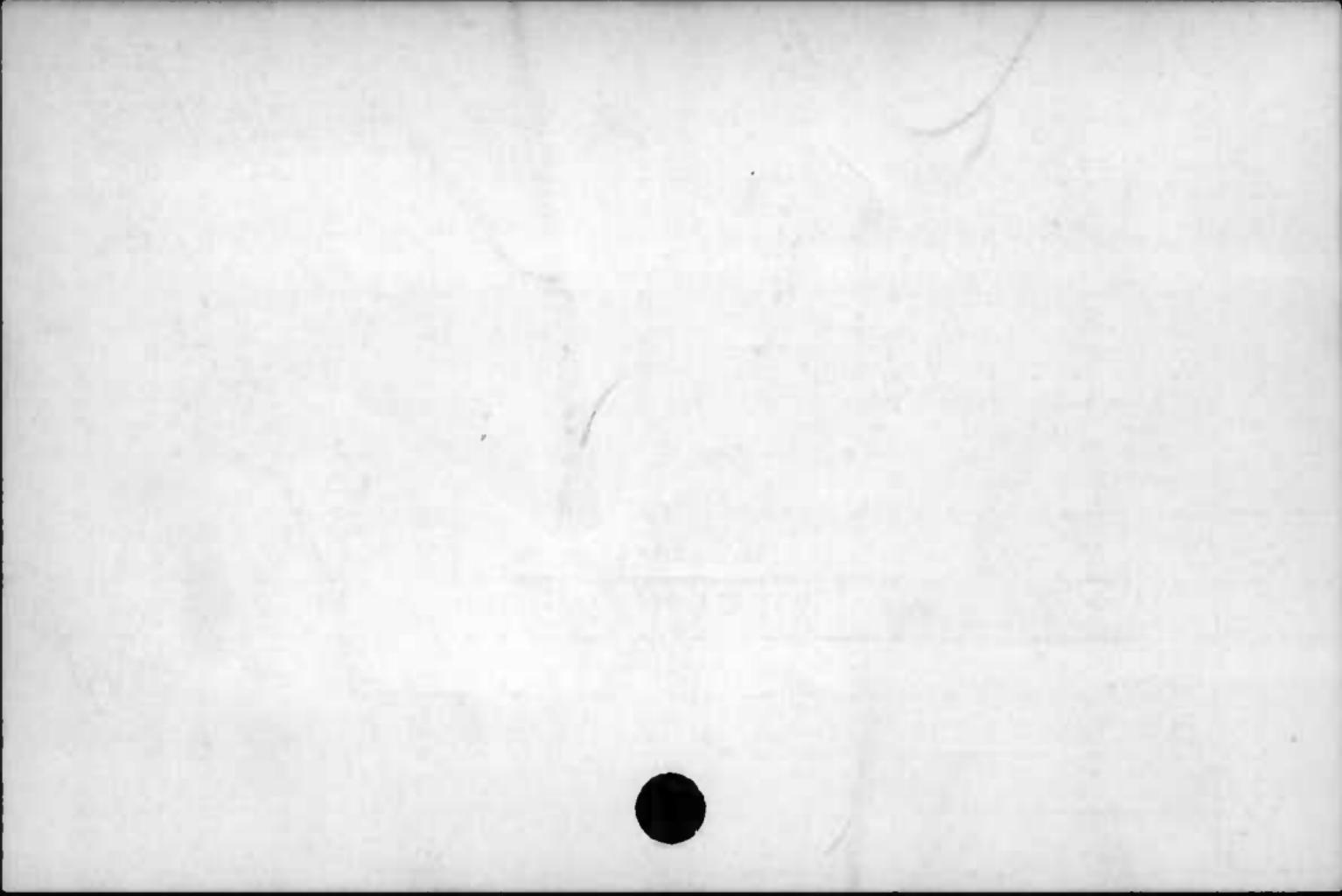
Address

Dr. Ed. Harris
Stein
Cumberland
Md.

PHYSICIAN
OR CORONER



Accident or Suicide?



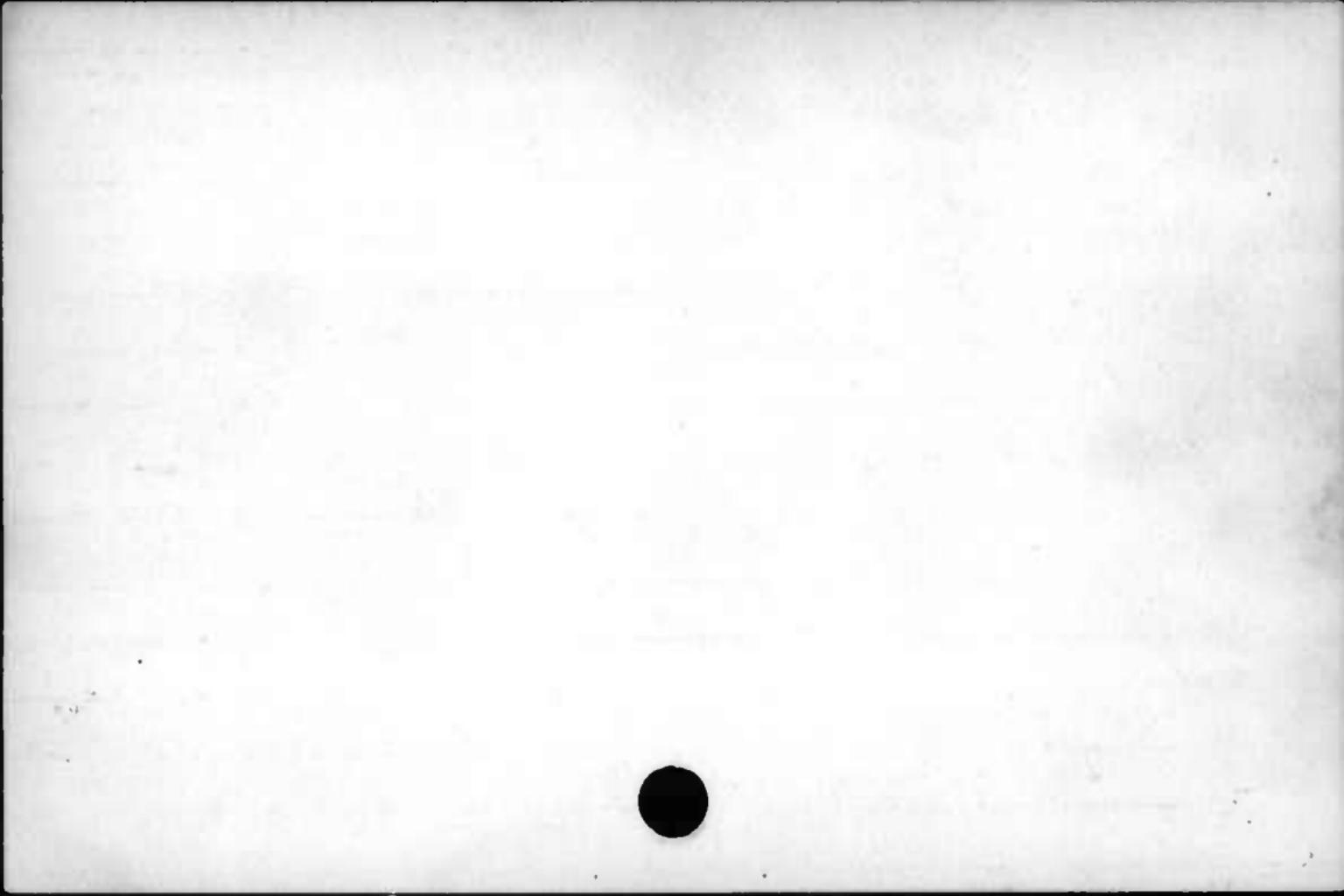
Cst. May Henry

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days
1906	Feb	24	4		3	26
Sex	Female	Color or Race	white			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed						
Father's Name	Will Henry					
Mother's Maiden Name	Daisy Salter					
Name of person giving information	Wm Henry					
(9)						
CAUSES OF DEATH						
Primary	Membranous Cough				How long	
Immediate	Respiratory failure				How long	
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		Q.S. Owens
				Address		9516 Pine
						Cumberland Md



Accident or Suicide?



Name
in
Full

William H. Trow

2/1/10

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death	1906	Month 2	Day 2	Years 22	Months Days
Sex	Male	Color or Race	White	Birth-place	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information	Walter Tuckers		How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bulder

166

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

J.W. Neubold

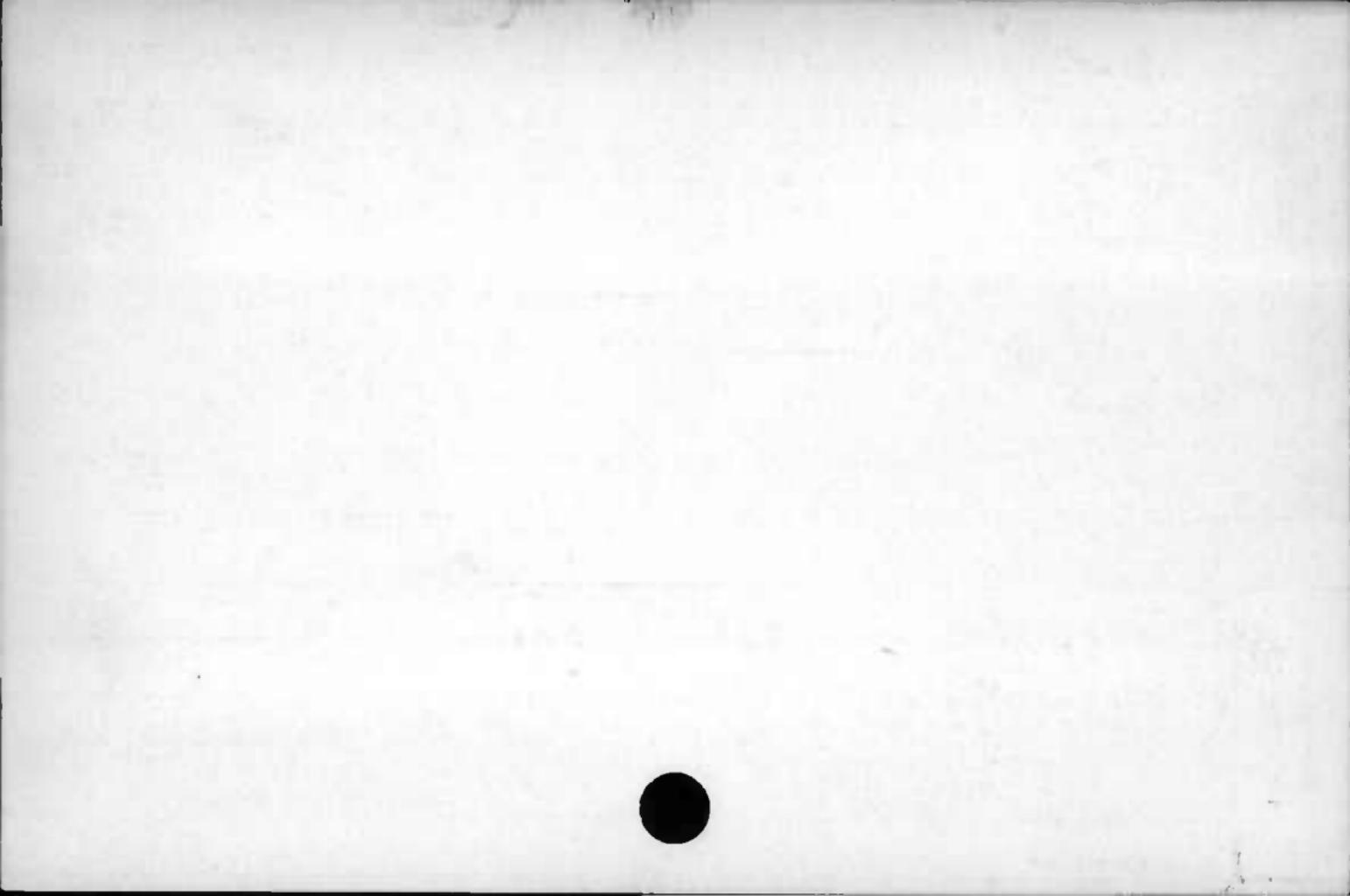
Address

Acting Coroner

1

Accident or Suicide?

accident



Name
in
Full

Hettie Hinkle

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

HINK

Town

County

MARYLAND

Died at Cumberland,

Allegany

Date

Month

Day

Years

Months

Days

of death 1902.

9

10

Age 8

Sex Female

Color or
Race

White

Birth-
place

Allegany Co.

Occupation

School girl

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Morgan Hinkle

Father's
Birthplace

Allegany Co.

Mother's
Maiden Name

Hannah Hinkle

Mother's
Birthplace

Allegany Co.

Name of person giving
Information

Mother

How related
to deceased

CAUSES OF DEATH

Primary

Tubercular Meningitis

How long

Three weeks

28

How long

Immediate

Exhaustion

Are the name, age, sex, color, date
and place correctly given above?

Yes

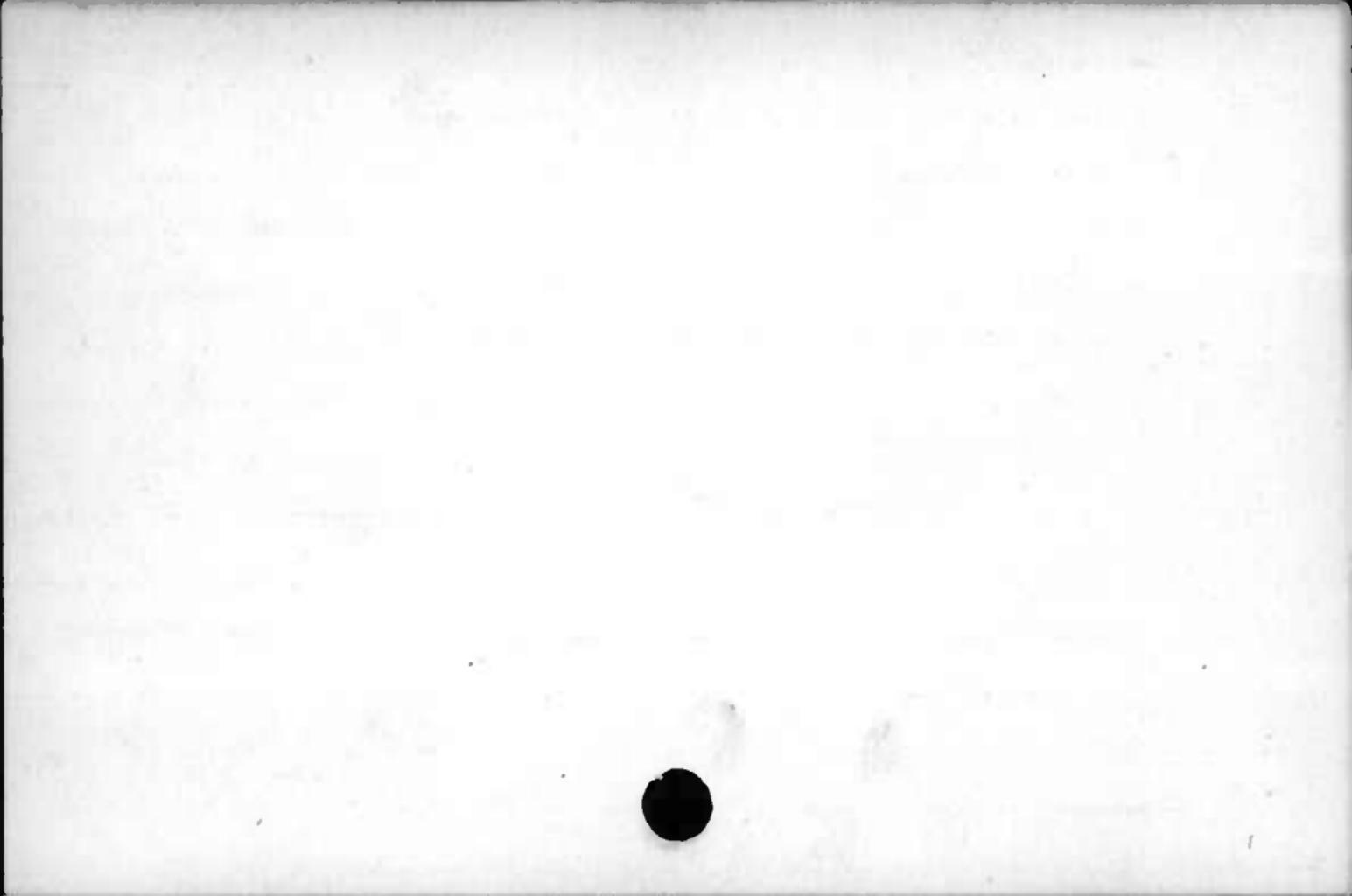
Signature of
Physician

Address

J. M. Spear,
Cumberland
Md

1

Accident or Suicide?



Name
in
Full

James Hare

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Emmets</u> Town		County <u>Anne Arundel</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Sept</u>	Day <u>18</u>	Years <u>74</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Baltimore Md</u>			
Occupation <u>Porter-retired</u>	Where Residing if not at place of death <u>-</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Anna</u>				
Father's Name <u>-</u>	Father's Birthplace				
Mother's Maiden Name <u>-</u>	Mother's Birthplace				
Name of person giving information <u>Mr Hare</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

1

Primary <u>cancer of mouth.</u>	How long <u>2 year.</u>
Immediate <u>Exhaustion</u>	How long

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

Dr S. Sparks. M.D.

Accident or Suicide?



Name
in
Full

Wm H. Haller -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Quebec -		Town		County	
Date of death	1906	Month	22	Day	Years
Sex	Female -	Color or Race	White	Age	8
Occupation	Where Residing If not at place of death				
Married, Single or Widowed	N [] Wife or H []				
Father's Name	Wm H H of Len.				
Mother's Maiden Name	Finora Bushong				
Name of person giving information	How related to deceased				

PHYSICIAN
OR CORONER

1

CAUSES OF DEATH

Primary

Malnutrition

15

How long

3 Weeks

Immediate

Exhaustion

How long

3 Weeks.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

7 C Bartdell
Cumberland
Md.

Address

Accident or Suicide?

Mr. P. Nakade

G. Miller

Name
in
Full

Agnes Igat

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Robert Igat			
Mother's Maiden Name	Jane Reel			
Name of person giving information	Mrs. Robt. Igat			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Whooping cough	How long	3 weeks
Immediate	Bronchitis pneumonia	How long	1 week
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Henry S. Hodgson
		Address	Doveraeville, Ind.
Accident or Suicide?			

1



Name
in
Full

Mrs Ollie Kafer

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 1904	Month	Day	Years	Months	Days	
Female		Color or Race	Age 50	Birth-place		
Married, Single or Widowed		Occupation		Occupation		
Name of Wife or Husband		August Kafer		Housewife		
Father's Name		Moses Poland		Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving information		(No)		How related to deceased		

CAUSES OF DEATH

Primary	Valvular disease, heart	How long	Several yrs
Immediate	" " increases	How long	Several months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Alfred E. M.
		Address	Middleton, Md.
Accident or Suicide?			

1

John

Lois Greenford

Klondyke

Name
In
Full

Frederick People

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 190		Month 6 Feb	Day 24	Years Age 70	Months —	Days —	
Sex male	Color or Race white	Birth- place					
Married, Single or Widowed	Occupation						
Name of Wife or Husband							
Father's Name			Father's Birthplace				
Mother's Maiden Name			Mother's Birthplace				
Name of person giving Information			How related				

F. E. Elmer Stewart, Almonstown,

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

old age

154

How long

—

Immediate

Exhaustion,

How long

—

Are the name, age, sex, color, date
and place correctly given above?

yes

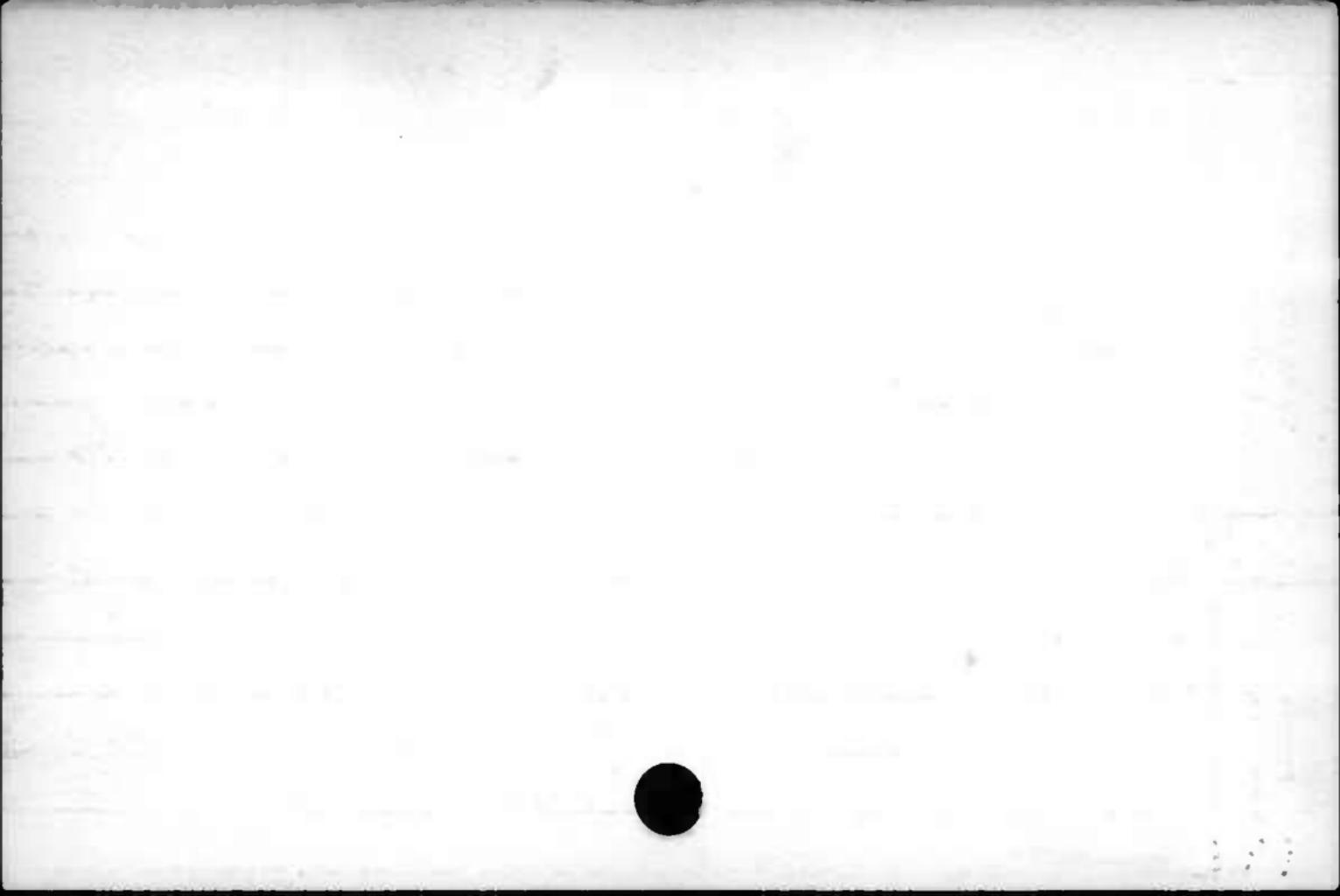
Signature of
Physician

Address

Dr. F. T. Turgeon
Lumberton
MC

1

Accident or Suicide?



Name
In
Full

TO BE ANSWERED BY
NEAREST FRIEND

John Lennert							CERTIFICATE OF DEATH		
Died at <u>Md Savage</u> Town				County <u>Allegany</u>			MARYLAND		
Date of death 1906	Month <u>Feb</u>	Day <u>28</u>	Years <u>10</u>	Age <u>10</u>	Months <u>4</u>	Days <u>20</u>			
Sex <u>Male</u>	Color or Race <u>White</u>		Occupation <u>Scholar</u>		Birth-place <u>Md Savage</u>				
Married, Single or Widowed <u>—</u>									
Name of Wife or Husband									
Father's Name <u>Christian Lennert</u>					Father's Birthplace <u>Md Savage</u>				
Mother's Maiden Name <u>Fannie Porter</u>					Mother's Birthplace <u>Md Savage</u>				
Name of person giving information					How related to deceased <u>6</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cerebro Spinal Meningitis

How long

3 weeks

Immediate

Exhaustion, Vomiting

How long

3 day

Are the name, age, sex, color, date and place correctly given above?

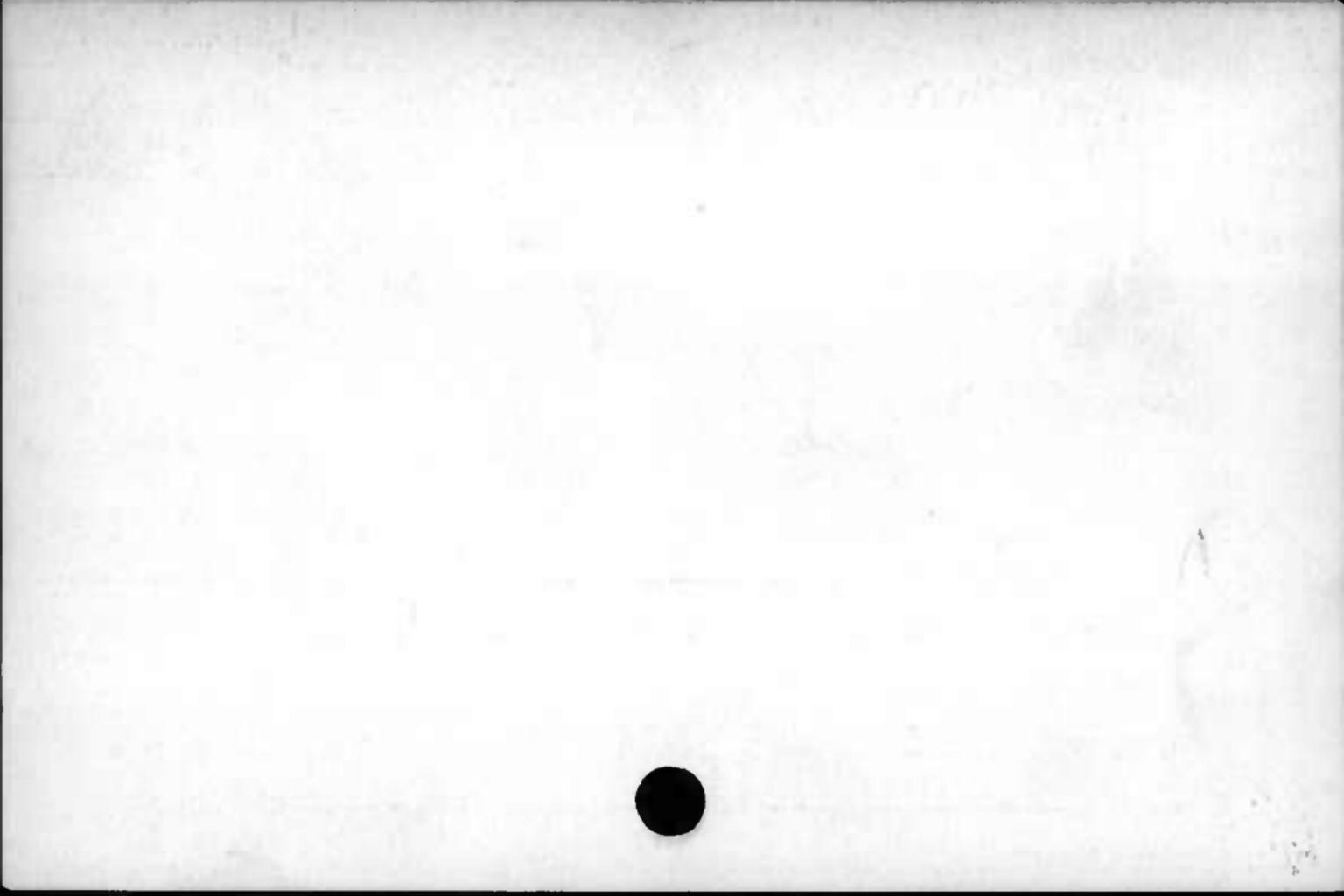
yes

Signature of Physician

Address

F. Alan G. Murray
Md Savage
Ind

Accident or Suicide?



Name
in
Full

Lipley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	1906	Month	Day	Years	Months	Days
Sex	Male	Color or Race	white	Birth-place	Md	
Occupation				Where Residing if not at place of death		
Married, Single or Widowed				Name of Wife or Husband		
Father's Name	Frank E. Lipley			Father's Birthplace	Pa	
Mother's Maiden Name	Anna Slunt			Mother's Birthplace	Md	
Name of person giving information	Mother			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Very Weak Debilitate, Premature Child

How long

3 da

Immediate

Exhaustion

How long

1 da

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

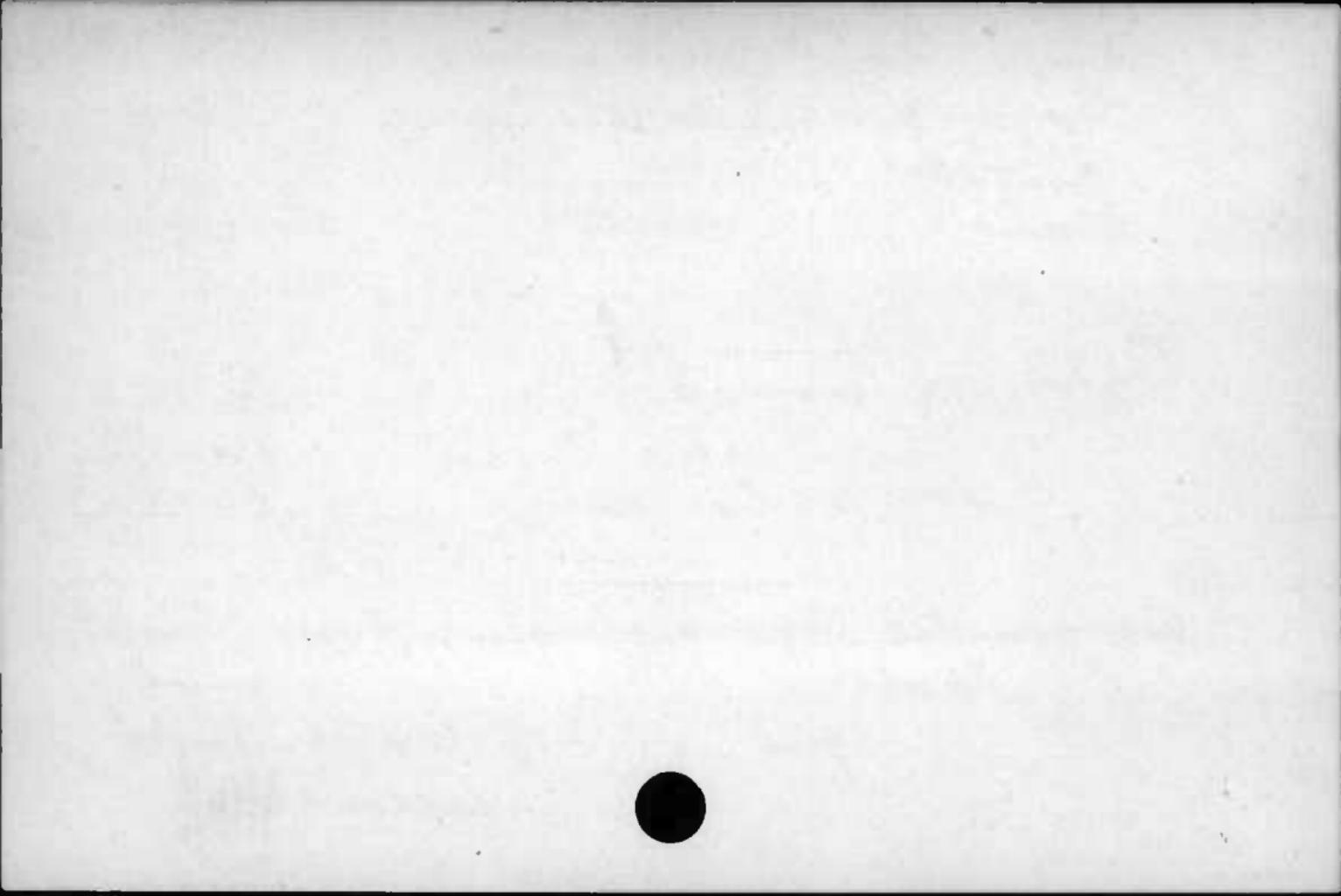
Address

G. L. Bradford M.D.
Cumberland Md

1

Accident or Suicide?

No



Name
in
Full

William McFarlane

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at In country Town ~~Grand Mountain~~ Allegany County

MARYLAND

Date of death 1906 Month Feb Day 12 Age 1 Years

Months 10 Days 14

Sex Male Color or Race White

Birth-place Lonaconing

Occupation

Where Residing if not
at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name Wm. R. McFarlane

Father's Birthplace Lonaconing

Mother's Maiden Name Clara McKenzie

Mother's Birthplace Lonaconing

Name of person giving Information

How related to deceased Mother

Mrs. Wm. R. McFarlane

CAUSES OF DEATH

Primary Whooping cough

How long 3 weeks

Immediate Bronchitis pneumonia

How long 1 week

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

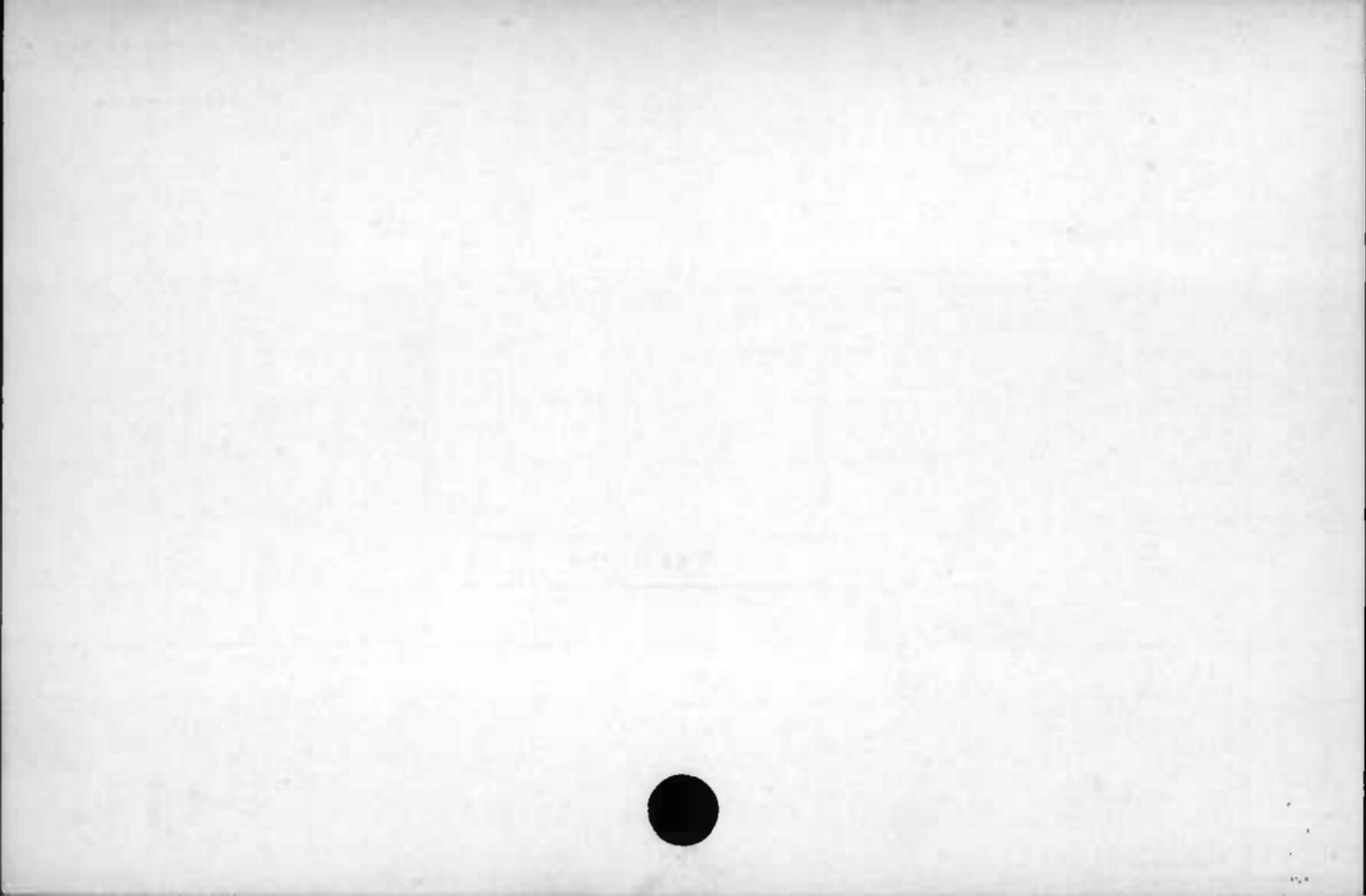
Henry D. Hodgson

Lonaconing MD

PHYSICIAN
OR CORONER

1

Accident or Suicide? No



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



James Earl Mcleomac 1
Died at Corriganville Allegany

CERTIFICATE OF DEATH

MARYLAND

Date of death 1906 Month Feb Day 12 Years _____ Months 4 Days 26

Sex Male Color or Race White Birth-place Corriganville

Married, Single or Widowed

Occupation

Name of Wife or Husband

Father's Name Jim Mcleomac

Father's Birthplace Jergins

Mother's Maiden Name Margaret Engle

Mother's Birthplace Jergins

Name of person giving Information

Jim Mcleomac

How related to deceased Father

(50)

CAUSES OF DEATH

Primary

Congenital Hydrocephalus From birth

How long

From birth

Immediate

Same

How long

Same

Are the name, age, sex, color, date and place correctly given above?

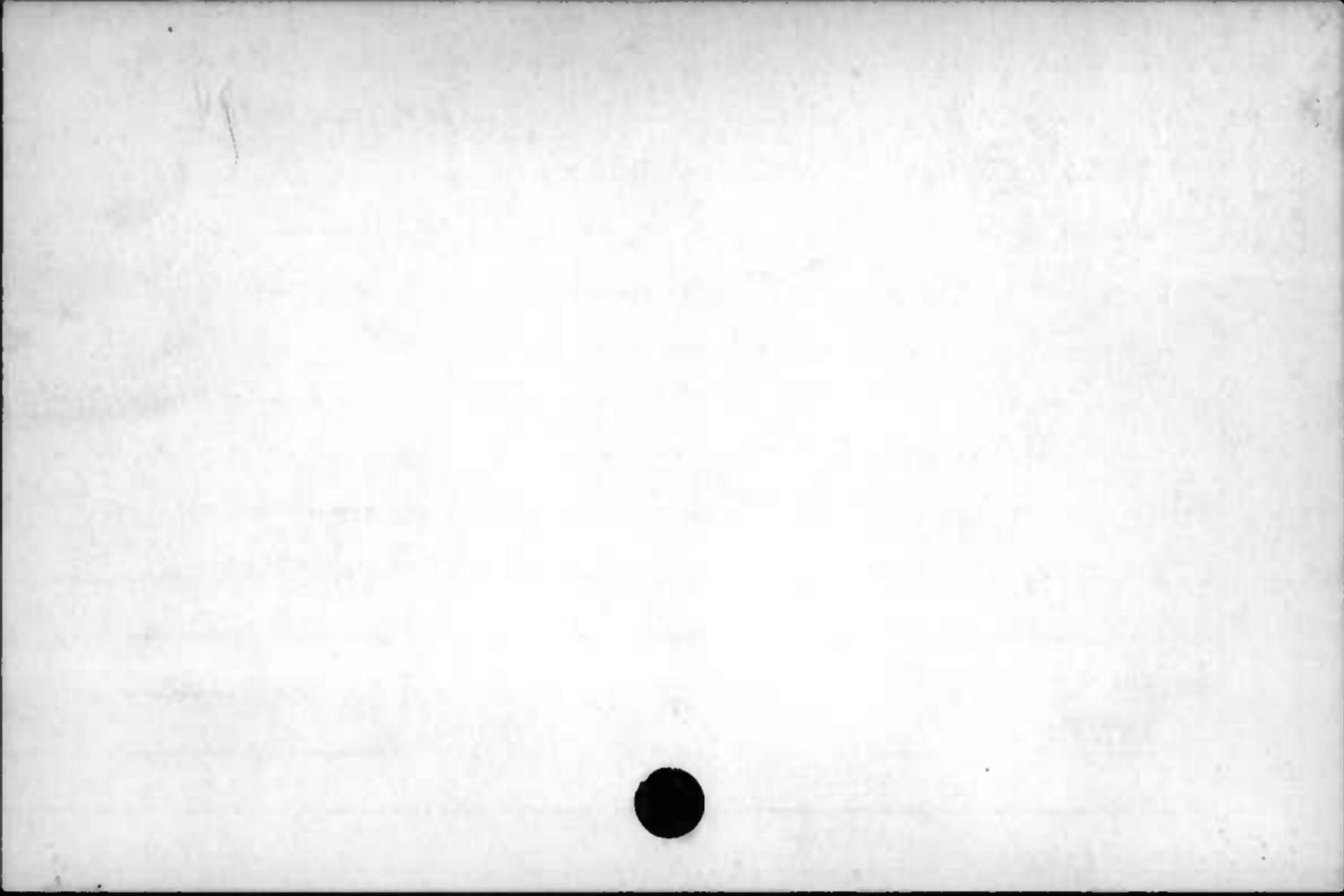
yes

Signature of Physician

Address

J. Earl Smith
Ellerslie

Accident or Suicide?



Margaret McNeal

CERTIFICATE OF DEATH

MARYLAND

Died at <u>Lord</u>		Twn <u>Lord</u>		County <u>allegany</u>			
Date of death <u>1906</u>	Month <u>Feb</u>	Day <u>5-</u>	Age <u>2</u>	Years <u>2</u>	Months <u>6</u>	Days <u>10</u>	
Sex <u>Female</u>	Color or Race <u>white</u>				Birth-place <u>Lord - Md</u>		
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>						
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>						
Father's Name <u>James McNeal</u>			Father's Birthplace <u>Waterport</u>				
Mother's Maiden Name <u>Elizabeth Sloyer</u>			Mother's Birthplace <u>Portburg</u>				
Name of person giving Information <u>James McNeal</u>							How related to deceased <u>Father</u>

CAUSES OF DEATH

Primary

Bronchitis

①

How long 2 days

Immediate

Membranous Croup

How long 12 hours

Are the name, age, sex, color, date and place correctly given above?

yes

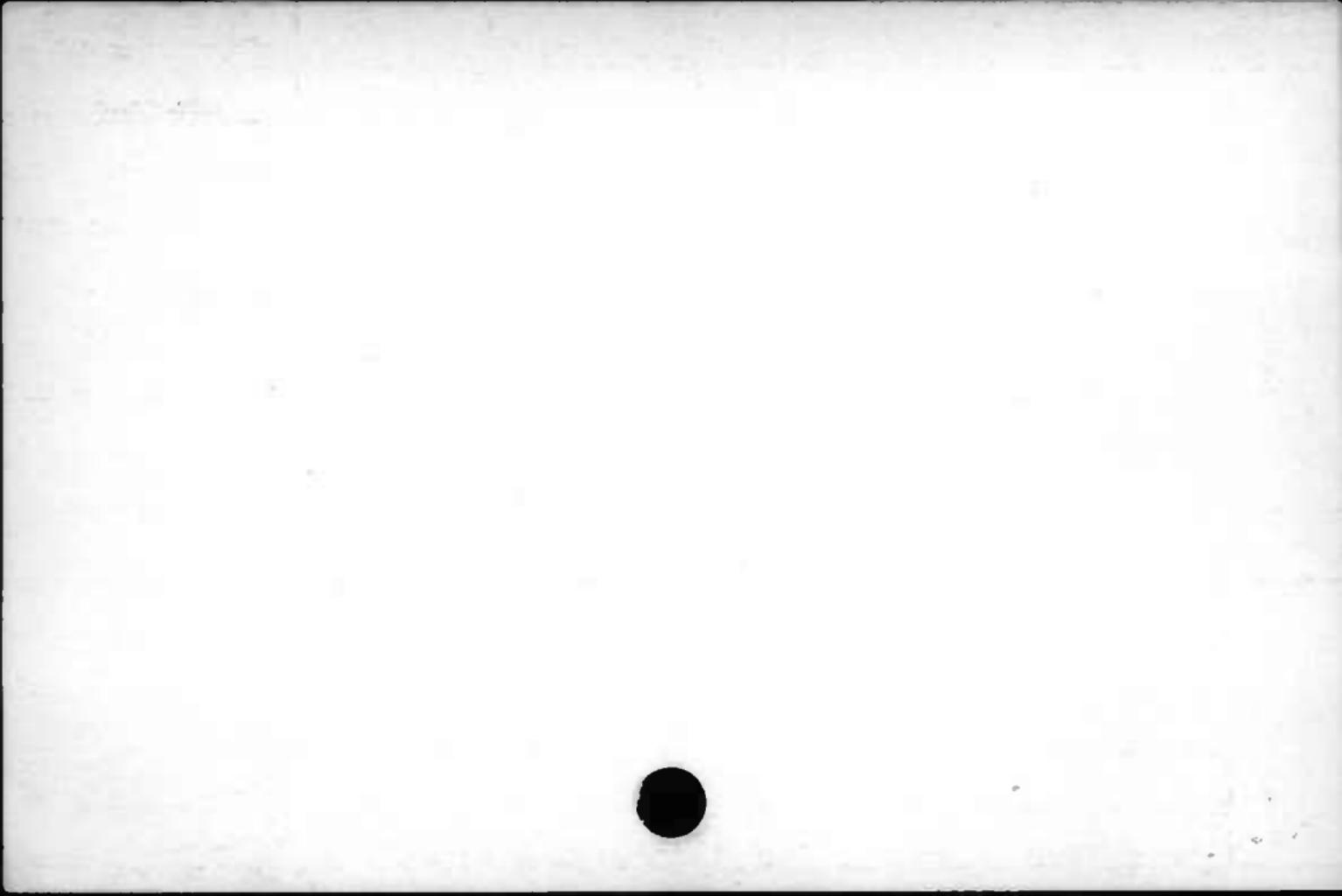
Signature of Physician

Address

James Q. Bullock
Sparrow Maryland

Accident or Suicide?

no -



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR
CORONER

James Anthony Mellott

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1906	Month Feb.	Day 9.	Years —	Months 9	Days 12	
Sex	Male	Color or Race	white	Birth-place	So Cumberland Md		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Joseph Mellott						
Mother's Maiden Name	Sara A. Clay						
Name of person giving information	Mother						
CAUSES OF DEATH							
Primary	Shooting through of Pneumonia					How long	
Immediate	Meningitis					How long	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	L. L. Broadbent			
			Address	Cumberland 98 Main St., Maryland			

Primary

Shooting through of Pneumonia

How long

2 weeks

Immediate

Meningitis

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

*Accident or Suicide?



Name
in
Full

Wm. Meyers

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County			
Date of death	Month	Day	Years	Months	Days
Sex	Age	Color or Race	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased				

178

CAUSES OF DEATH

Primary

Dropped Dead

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. B. Humboldt
acting Coroner

Accident or Suicide?

1 PHYSICIAN
OR CORONER



Name
in
Full

Bernard Miller

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Cumberland		County	Allegany		MARYLAND	
Date of death	Month	Day	Years	Months	Days		
1906	Feb.	6	9	—	—		
Sex	Male	Color or Race	White	Birth-place	Cumberland		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Perry Miller					Father's Birthplace	Bed. Co.
Mother's Maiden Name	Auffina Whitacre					Mother's Birthplace	
Name of person giving Information	A. G. Burns					How related to deceased	Bro in Law

CAUSES OF DEATH

Primary

Whooping Cough (6)

How long

Immediate

Spasms

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Dr. F. L. Bardoll
13 Cumberland
Md.

PHYSICIAN
OR CORONER



Accident or Suicide?

Welles Alley.

Name
in
Full

infant. Miller

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1906	Month	Day	Years	Months	Days	
Sex	male.	Color or Race	White	Birth-place	Cumberland		
Occupation	—		Where Residing if not at place of death	—			
Married, Single or Widowed	—		Name of Wife or Husband	—			
Father's Name	S. H. Miller		S.	Father's Birthplace	Md		
Mother's Maiden Name	Mattice Linn		S.	Mother's Birthplace	Pa		
Name of person giving information	S. H. Miller			How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORoner

Primary

Immediate

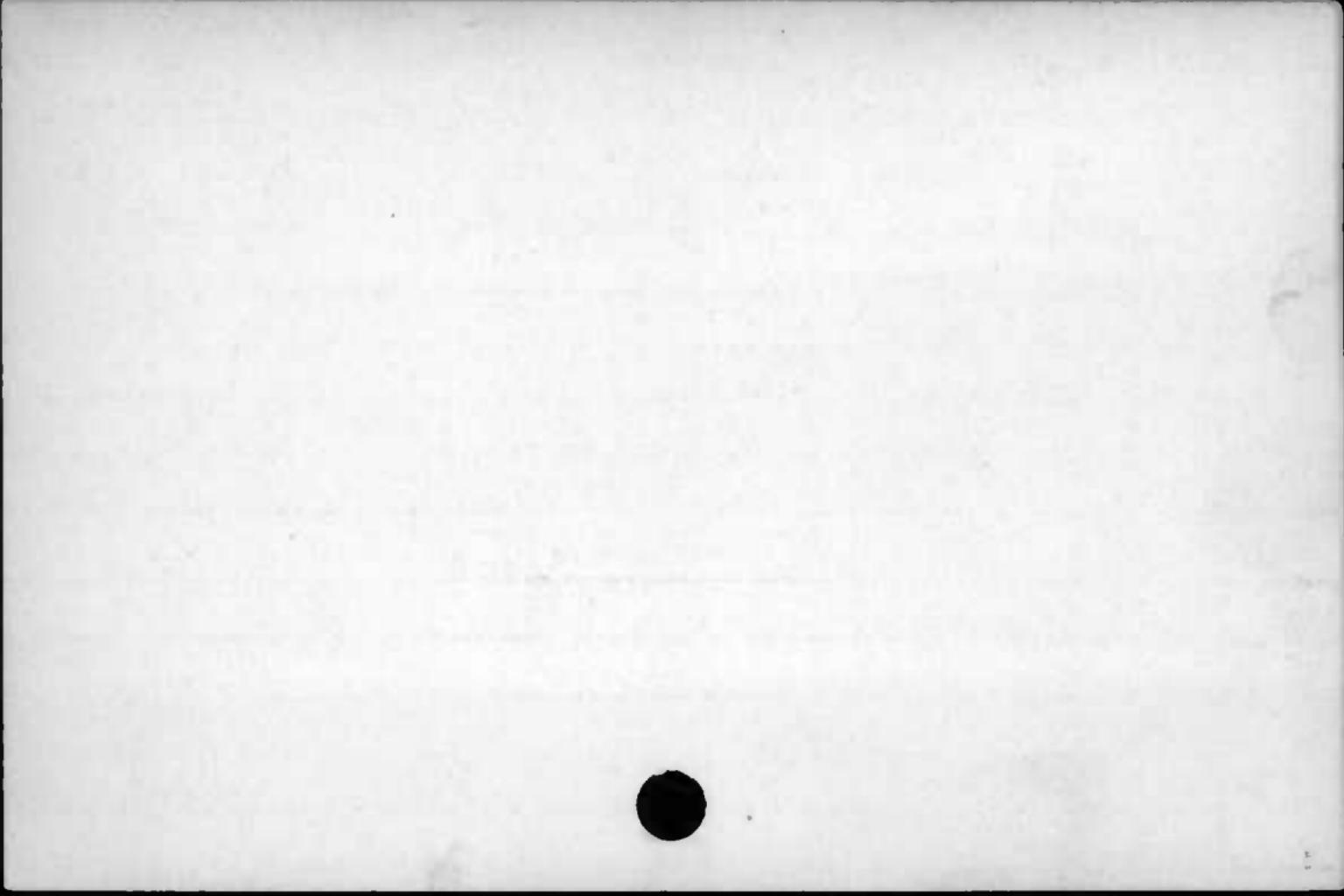
Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?

Signature of Physician

Address

A. Leo Franklin
Cumberland Md. M.D.



Name
in
Full

Charles H. Mills.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months
1906	Feb.	3	5
Day	Age	Days	18
Sex	Color or Race	Birth-place	
Male	Colored	Cumberland	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Single	Henry Mills	Father's Birthplace	Cumberland
Father's Name			
Mother's Maiden Name	Jessie Clark.	Mother's Birthplace	
Name of person giving information	Chas. A. Mitchell	How related to deceased	as per Father.

CAUSES OF DEATH

93

Primary

Pneumonia

How long

5 days

Immediate

Hemorrhage from pneumonia

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H. Tompkins

H. Tompkins
11. Maryland Avenue

1

PHYSICIAN
OR CORONER

Accident or Suicide?



Baskdosee
Butter

Sewell Myers

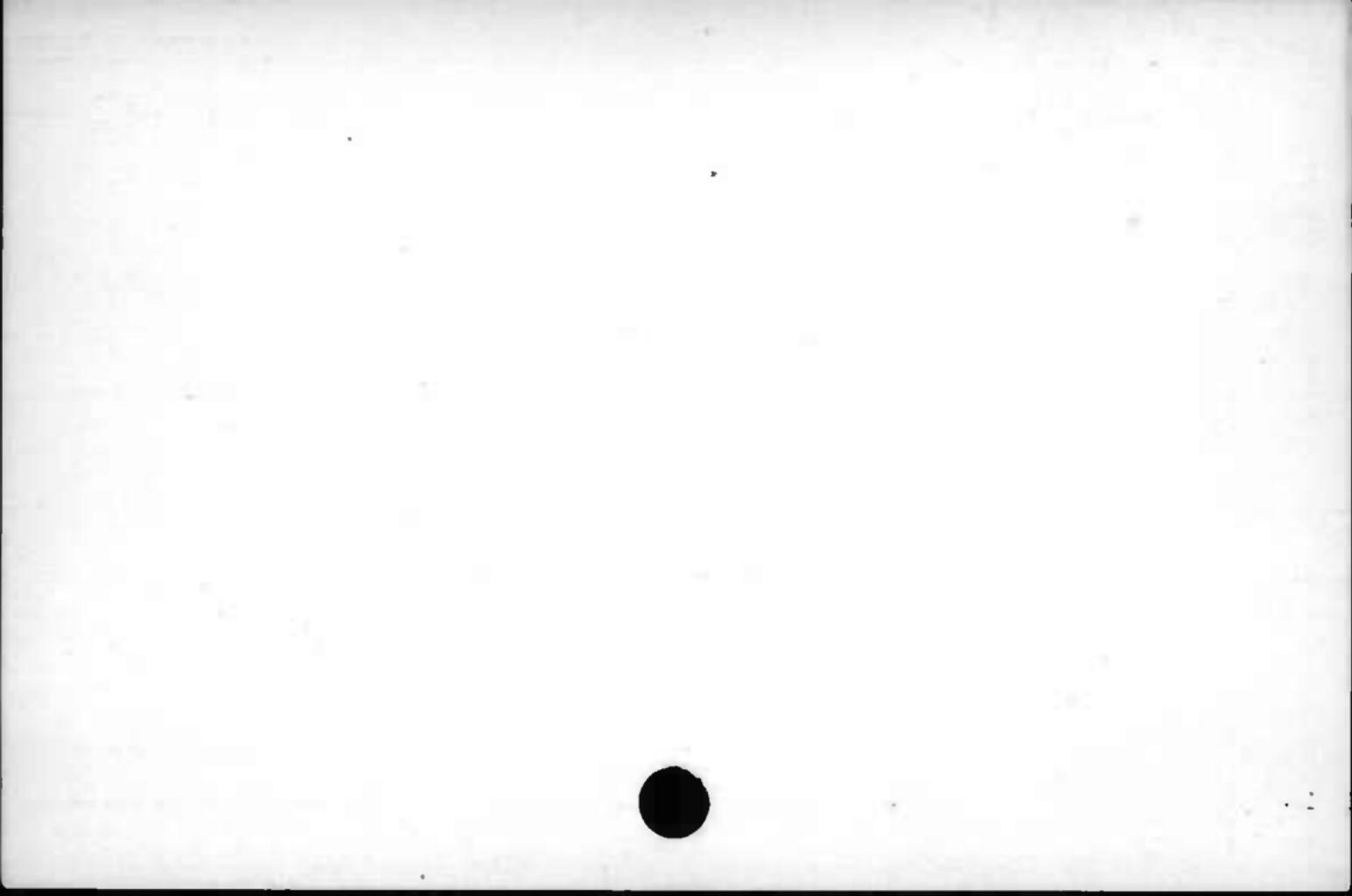
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at <u>Moscow</u>		Town	County <u>Allegany</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Feb.</u>	Day <u>6</u>	Age <u>—</u>	Years <u>—</u>	Months <u>9</u>	Days <u>—</u>
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Moscow</u>				
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>	Father's Name <u>Joseph Myers</u>		Father's Birthplace <u>Moscow</u>		
Mother's Maiden Name <u>Eliza Rigler</u>	Mother's Birthplace <u>Keyser, W. Va.</u>					
Name of person giving Information <u>Joseph Myers</u>	How related to deceased <u>Father</u>					

CAUSES OF DEATH

Primary	<u>Whooping Cough</u> (8)	How long <u>2 weeks</u>
Immediate	<u>Broncho Pneumonia</u>	How long <u>4 days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>James O. Bullock</u>	
	Address <u>Living in Maryland</u>	
Accident or Suicide?	No -	



TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Thomas Nash.

CERTIFICATE OF DEATH

Died at <u>Loveton</u>		County <u>Allegany</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Feb</u>	Day <u>22</u>	Age <u>74</u>	Months <u>5</u>	Days <u>27</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>England</u>			
Occupation <u>Merchant</u>		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband		Mr. Nancy William Nash		
Father's Name	<u>Joseph Nash</u>		Father's Birthplace	<u>England</u>	
Mother's Maiden Name	<u>Nancy Eaves</u>		Mother's Birthplace	<u>"</u>	
Name of person giving Information	<u>Miss Sam'l Nash</u>		How related to deceased	<u>Daughter in law</u>	

CAUSES OF DEATH

Primary

178

How long

Immediate

Heart failure

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

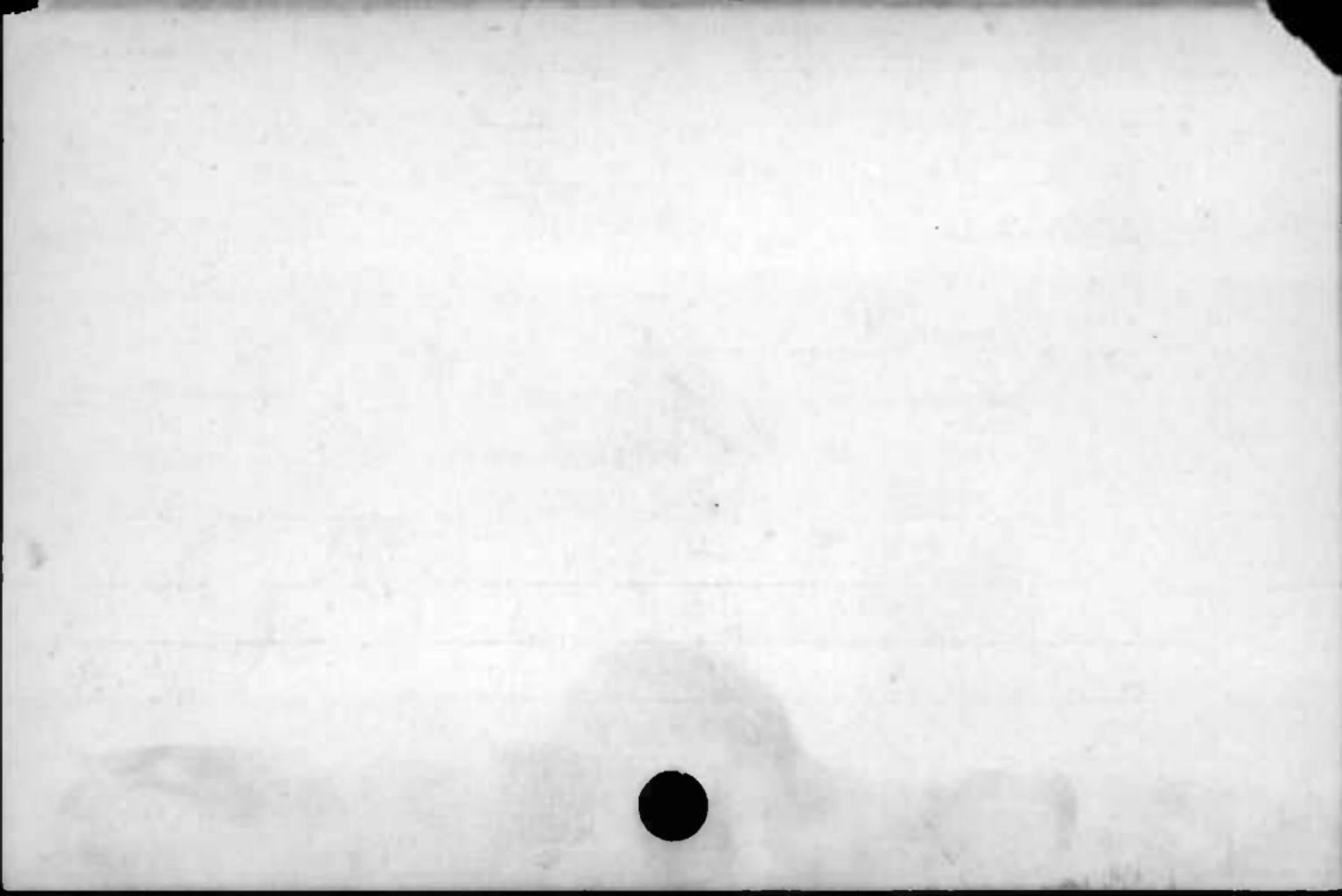
Address

Henry Dr. Hodgson
Lovingston Ind.

Accident or Suicide?

No





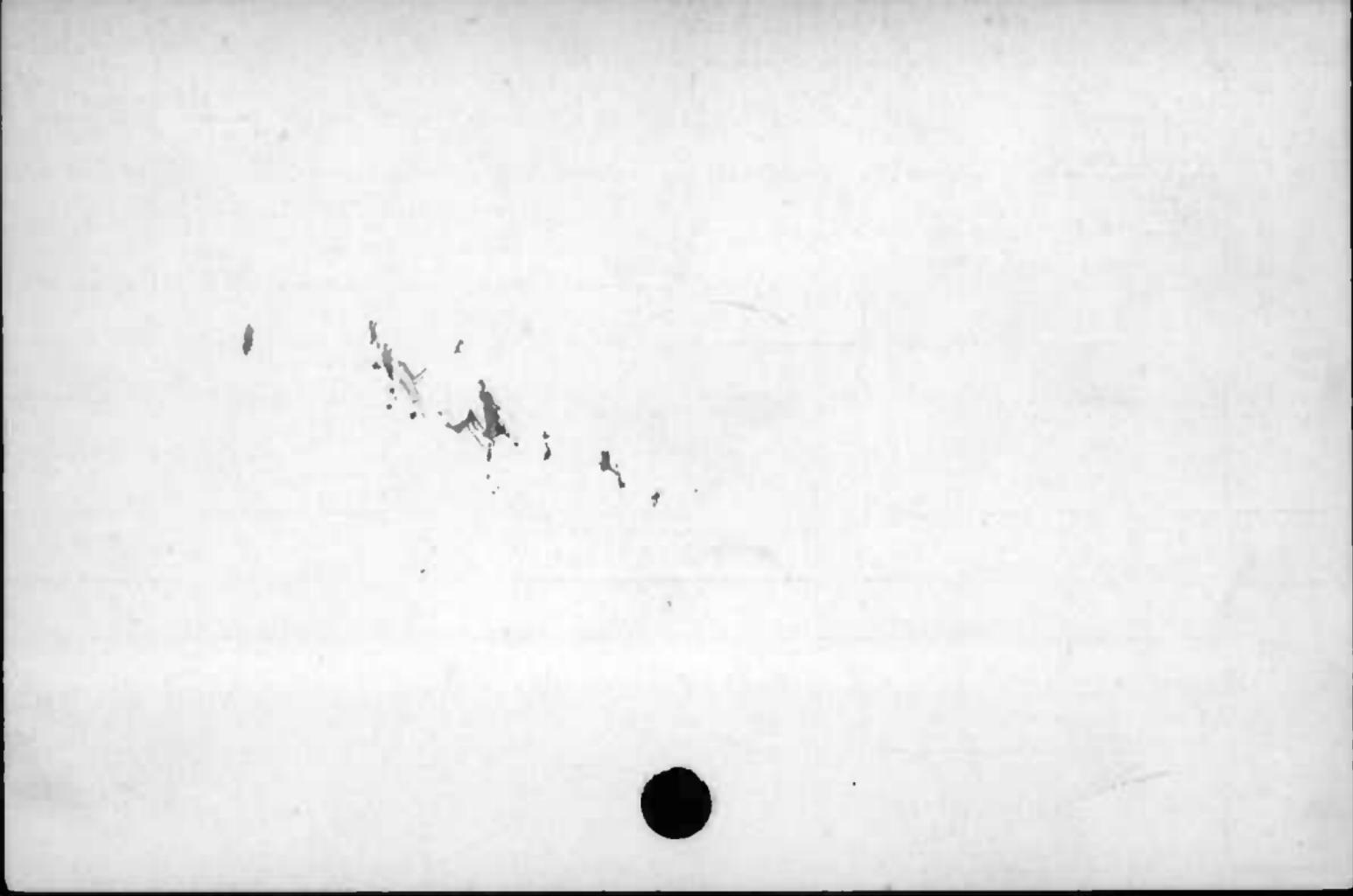
Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant		Ogelby (M M)		MARYLAND	
Buncombe		County			
Died at	Town	Month	Day	Years	Months
of death 1906	Feb	24	Age	-	Days
Sex Female	Color or Race	White	Birth-place	Buncombe	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	William H. Ogelby S				
Mother's Maiden Name	Florence E Ernestine				
Name of person giving information	Wm H Ogelby				
CAUSES OF DEATH					
Primary	Stillborn S			How long	
				How long	
Immediate					
Are the name, age, sex, color, date and place correctly given above?	Yes			Signature of Physician	
				Address	
Accident or Suicide?				Dr. A. Hawkins H. C. C. Cumberland Md.	

PHYSICIAN
OR CORONER



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

John M Phillips				CERTIFICATE OF DEATH			
Died at		Town	County	MARYLAND			
Date of death	1906	Month Oct	Day 5	Age 69	Years	Months 2	Days 144
Sex	Male	Color or Race	Colon	Birth-place England			
Occupation	Insurance Ag'l			Where Residing if not at place of death			
Married, Single or Widowed	Married			Elizabeth Speare			
Father's Name	Mathesley Phillips			Father's Birthplace England			
Mother's Maiden Name	Elizabeth Embrey			Mother's Birthplace England			
Name of person giving information	George S. Phillips			How related to deceased Son			

CAUSES OF DEATH

Primary

Lobar Pneumonia 93 7 days

How long

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

PHYSICIAN
CORONER

10

34

Name
in
Full

Eliza Rawlings

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Elkport District</u>		Town	<u>Alleghany</u>		County	MARYLAND		
Date of death <u>Feb 21</u>	Month <u>Feb.</u>	Day <u>Tuesday</u>	Age <u>75</u>	Years	Months <u>10</u>	Days <u>8</u>		
Sex <u>Male</u>	Color or Race <u>White</u>				Birth-place <u>Mineral Co W Va</u>			
Occupation <u>Farmer</u>				Where Residing if not at place of death <u>Arnold Farm</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Hester A. Rawlings</u>				Father's Birthplace <u>Mineral Co W Va</u>			
Father's Name <u>Eliza Rawlings</u>				Mother's Birthplace <u>" "</u>				
Mother's Maiden Name <u>Laura Welch</u>				How related to deceased <u>Son</u>				
Name of person giving Information <u>Robb Rawlings</u>								

CAUSES OF DEATH

PHYSICIAN
OR CORONER



Primary

Cystitis
Sensility

How long

One year

(123)

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. C. Holdsworth
Elkport Md

Accident or Suicide?

By Mr

Dale Summit -
box you'll

Name
in
Full

Arthur L Rhoades

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Cumberland	Allegany			
Date of death	Month	Day	Years	Months	Days
1906	Feb	07	8	7	8
Sex	Age	Color or Race	Birth-place		
Male	8	Colorado	Cumberland		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Edward Rhoades				
Mother's Maiden Name	Mary Davis				
Name of person giving information	Edward Rhoades				

CAUSES OF DEATH

Primary

Fulvous Fever ①

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

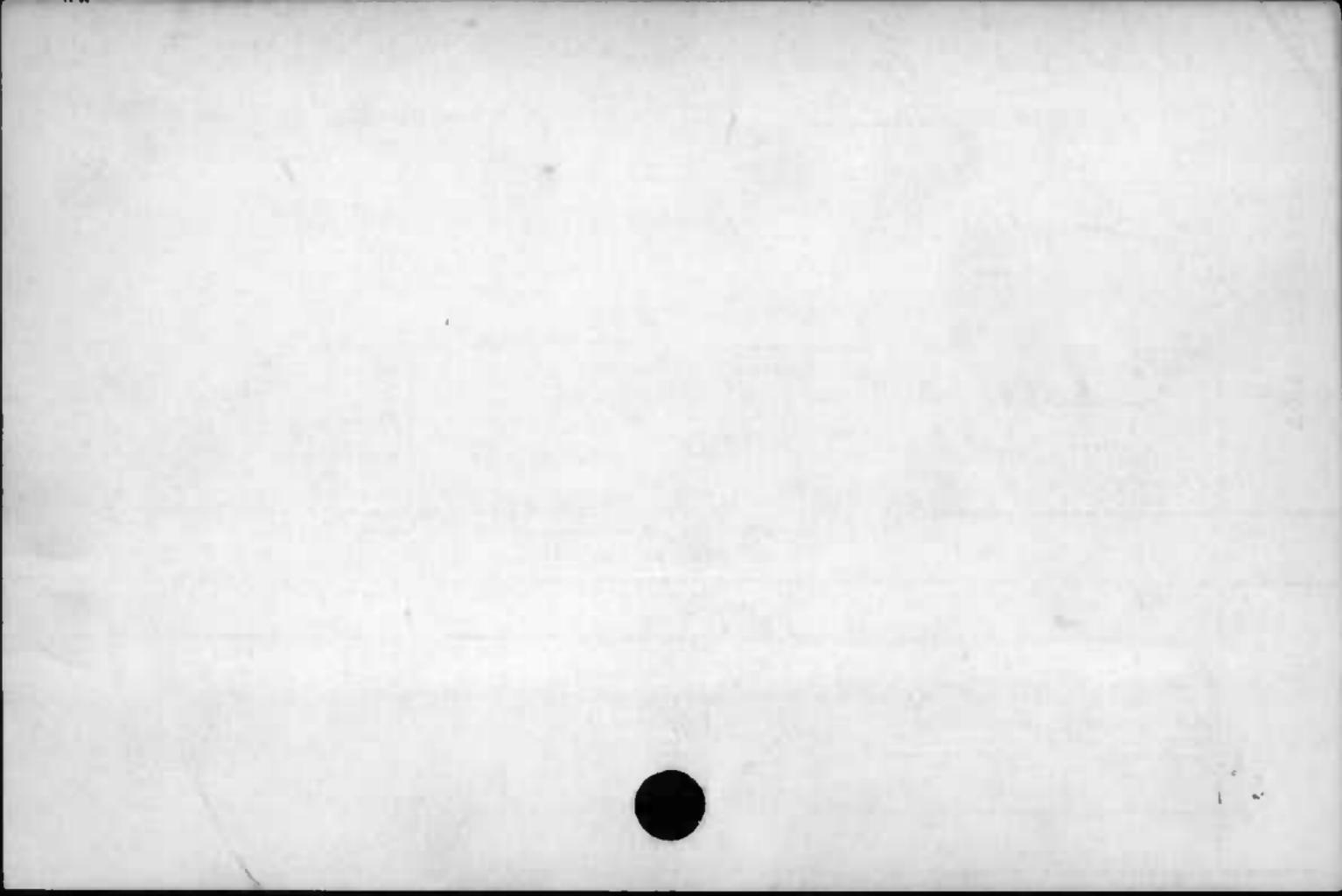
Address

Dr J. H. Tompkins
M. C. Cumberland
Md.

PHYSICIAN
OR CORONER



Accident or Suicide?



Name
in
Full

Thomas Richardson

CERTIFICATE OF DEATH

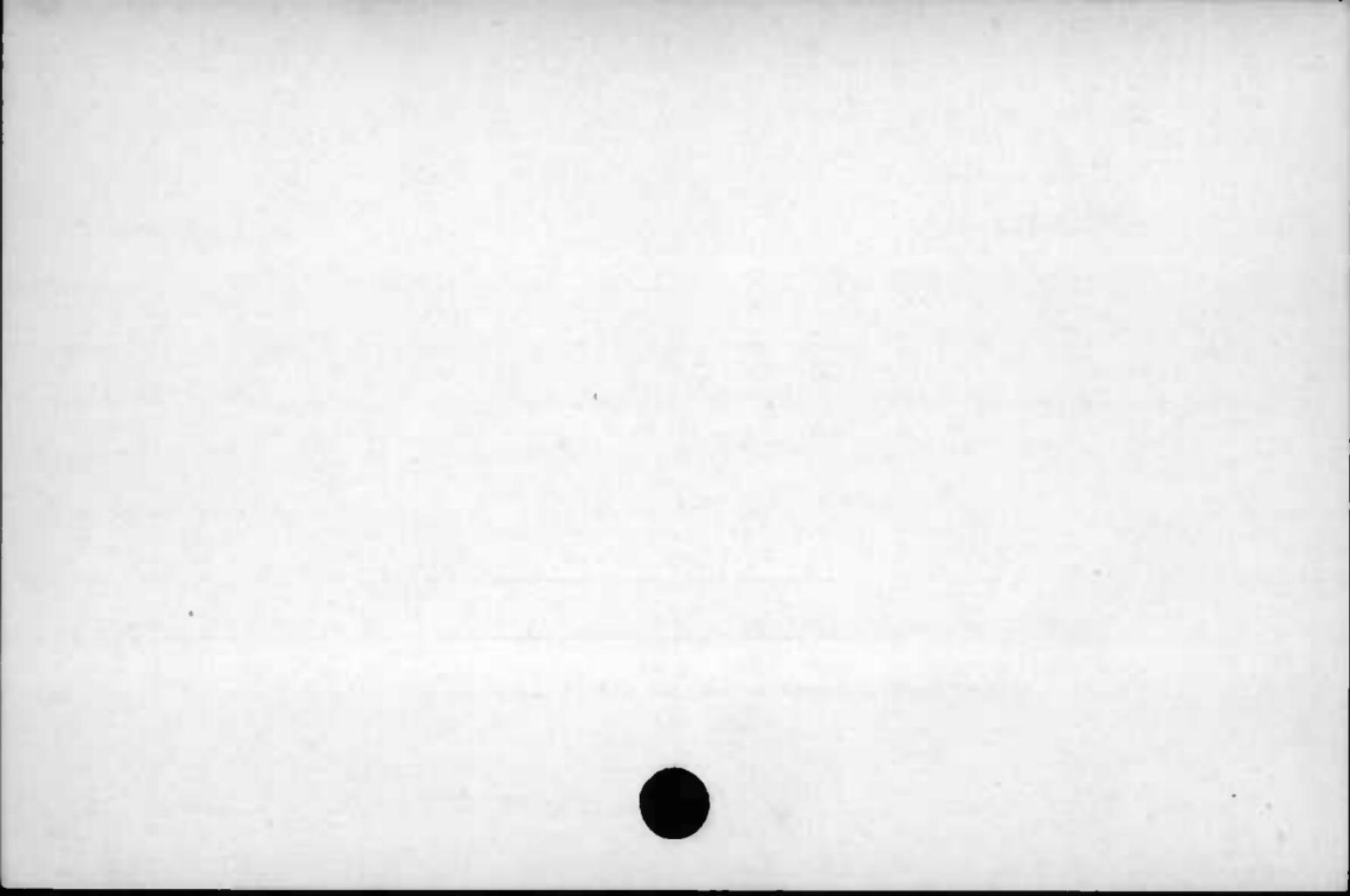
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Birth-place				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Mrs. Mrs. Richardson				
Father's Name	John Richardson					Father's Birthplace
Mother's Maiden Name	Nancy Robinson					Mother's Birthplace
Name of person giving information	Mrs. Mrs. Richardson					How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Fracture of spine	(164)	How long
Immediate	Paralysis, tetanic	(164)	How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Henry L. Hodson
		Address	Lonavaling, Md.
Accident or Suicide?	Accident		



Name
in
Full

Albert Riehl

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 1906		Month Feb.	Day 26	Age 12	Years -	Months -
Sex	Male	Color or Race	White		Birth-place	Cumberland
Occupation	Student		Where Residing if not at place of death		—	
Married, Single or Widowed	Single	Name of Wife or Husband	—		Father's Birthplace	Germany
Father's Name	Jacob Riehl		—		Mother's Birthplace	"
Mother's Maiden Name	Dead		—		How related to deceased	Father
Name of person giving information	Jacob Riehl		—		—	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Hydropsychie

23

How long

4 Day

Immediate

Coronarian Convulsion

How long

1 "

Are the name, age, sex, color, date and place correctly given above?

Yes

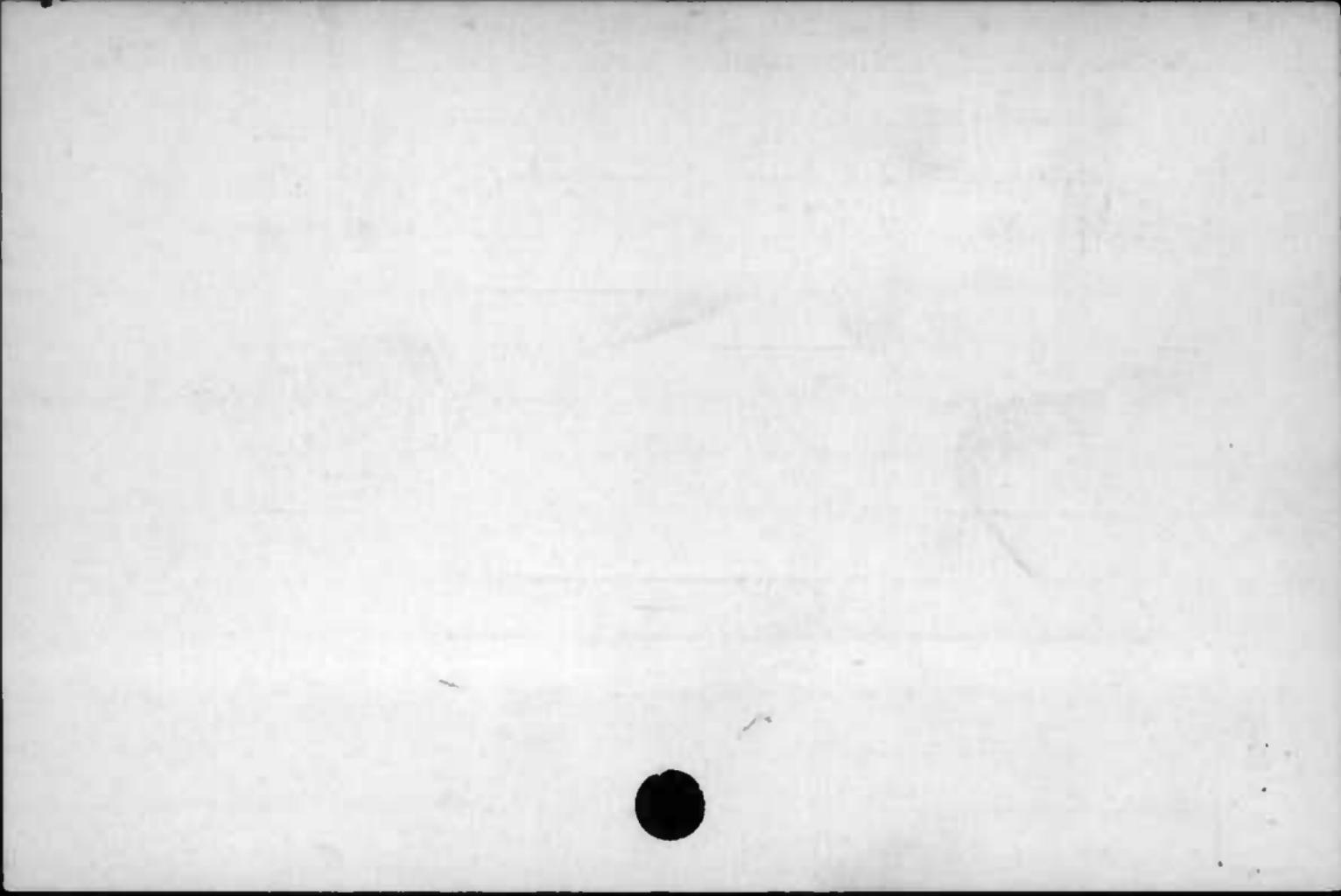
Signature of Physician

Address

J. J. Wilson M.D.
for stone



Accident or Suicide?



Name
in
Full

Kaiz E. Schmidt

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
1906	July	17	Age 20	6	21		
Sex	Female	Color or Race	White	Birth-place	Cumberland		
Occupation	Student	Where Residing if not at place of death			—		
Married, Single or Widowed	Single	Name of Wife or Husband	—				
Father's Name	John J. Schmidt	(32)			Father's Birthplace	Cumberland	
Mother's Maiden Name	Frances Schmid				Mother's Birthplace	"	
Name of person giving information	John J. Schmidt				How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary
Tuberculosis of Hip Joint

How long

Immediate
Exhaustion

How long

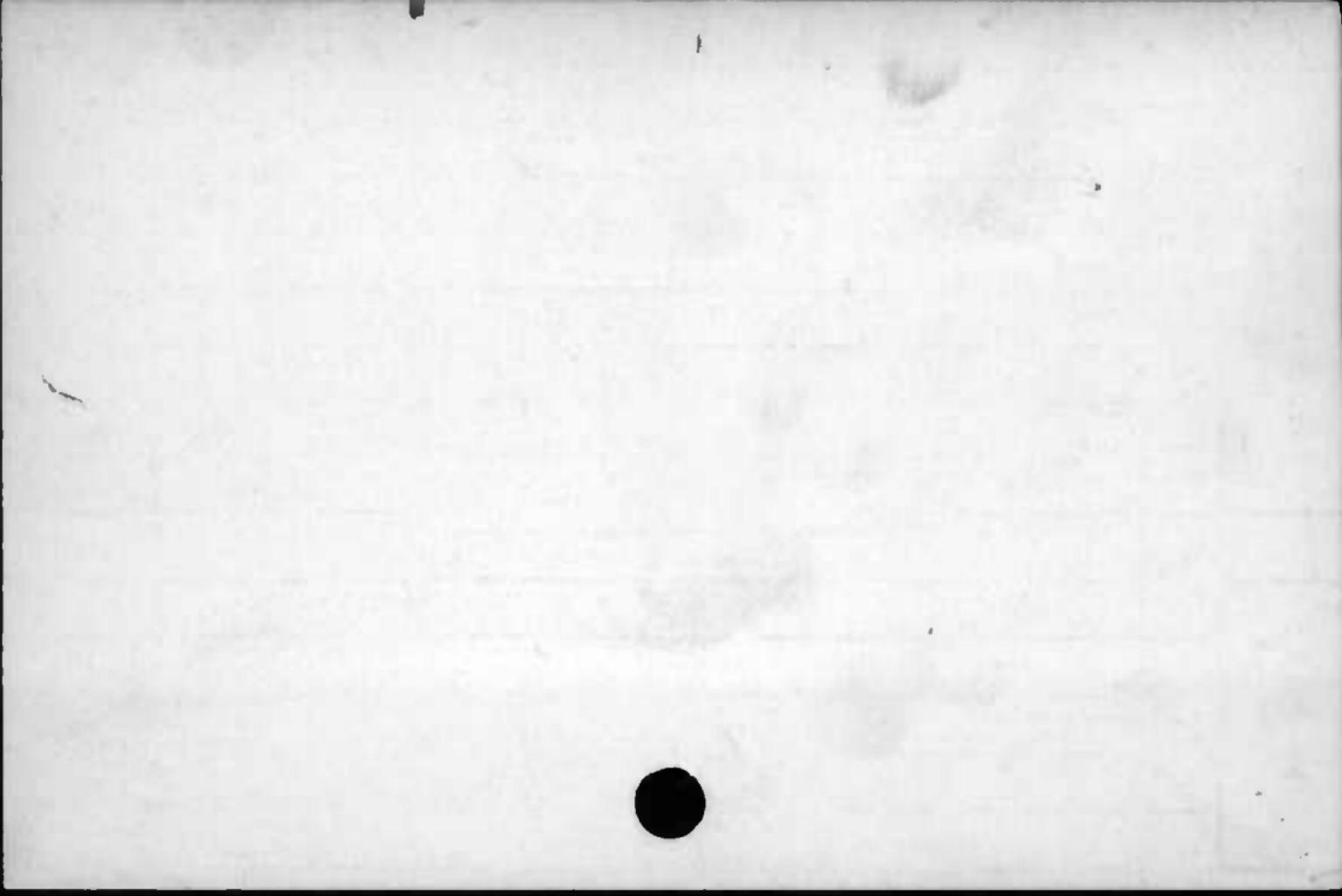
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr W. W. Wiley
Dr Cumberland, Stein
Md

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1

<i>Joseph V. Shuckhart</i>					CERTIFICATE OF DEATH		
Died at <i>Eckhart</i> <small>TOWN</small> <i>Minn.</i>		<i>Allegany</i> <small>County</small>			MARYLAND		
Date of death 1906	Month 2	Day 25	Age 36	Years 36	Months —	Days —	
Sex M.	Color or Race W.				Birth-place Md.		
Occupation H. W.	Where Residing if not at place of death <i>Joseph Shuckhart</i>						
Married, Single or Widowed	Name of Wife or Husband Newton Dawson				Father's Birthplace Md.		
Father's Name	<i>Carolini Bepler</i> 13			Mother's Birthplace Md.			
Mother's Maiden Name				How related to deceased Husband			
Name of person giving information	<i>Joseph Shuckhart</i>						

CAUSES OF DEATH

Primary <i>Pipereral Septacemia</i>	How long 11 Days
Immediate <i>Septic Pneumonia</i>	How long 3 Days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D. W. Lam</i>
	Address <i>Frostburg Md.</i>
Accident or Suicide?	

Isrn

Portis Conney and
near
Eckelton

Name
in
Full

(Premature birth 6¹/₂ lbs 6¹/₂ lbs) Still

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Cumbeland



MARYLAND

Date of death	Month	Day	Age	Years	Months	Days
1906	Feb	25	1			1 hr.
Sex	Male	Female	Color or Race	White	Birth-place	Md.
Occupation	Where Residing if not at place of death					
Married, Single or Widowed						
Father's Name	Eugene A. Still					Father's Birthplace
Mother's Maiden Name	Carrie S. Shinn					Mother's Birthplace
Name of person giving information	Father					How related to deceased

(5)

CAUSES OF DEATH

Primary

Prem Birth ab. 6¹/₂ lbs 6¹/₂ lbs

How long

1 day

Immediate

Exhaustion

How long

00⁰⁰ 1 hr.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

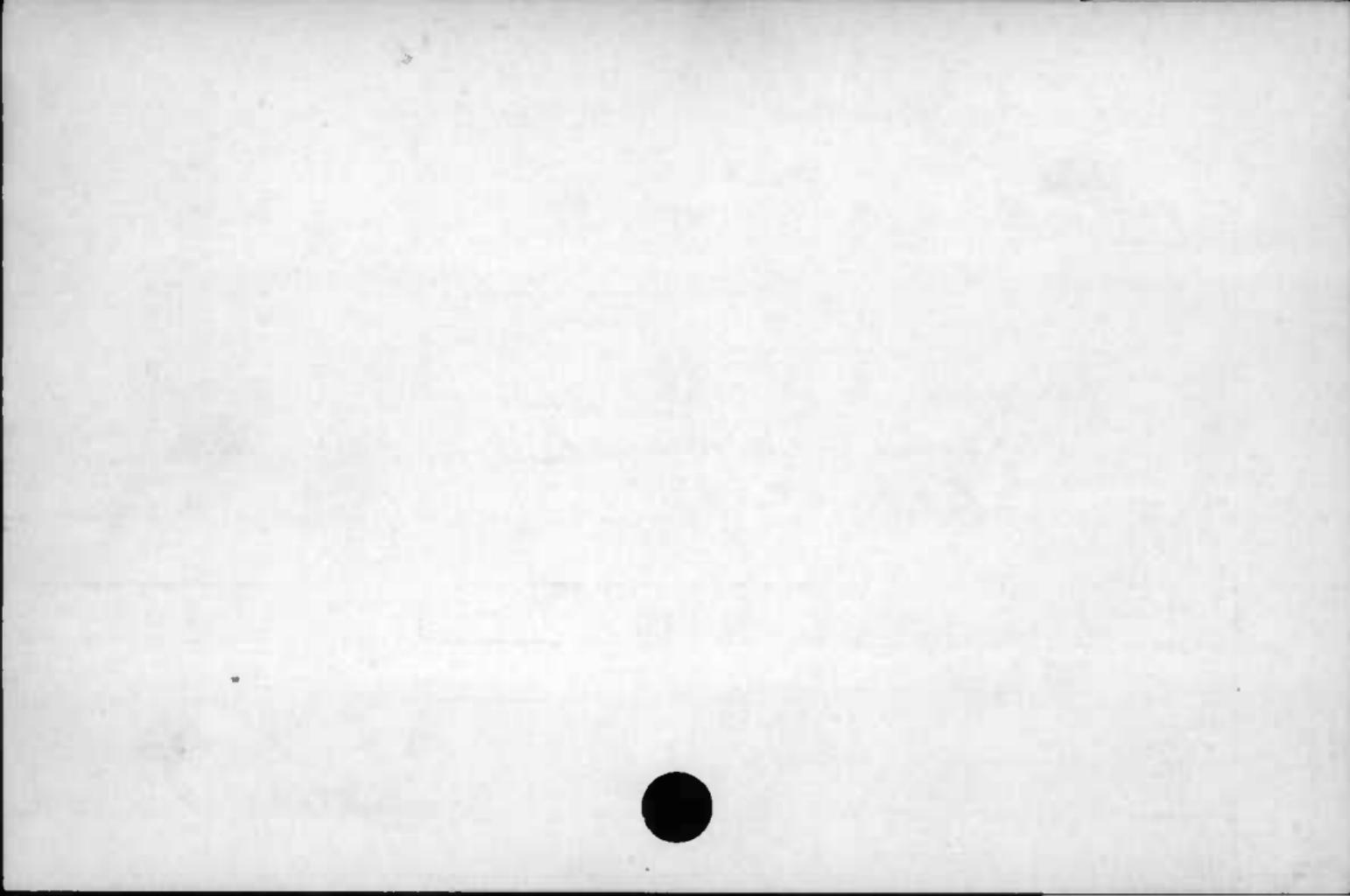
Geo L Broadway
Cumbeland
98 Va an. Md

Accident or Suicide?

No.

PHYSICIAN
OR CORONER





Stull

2

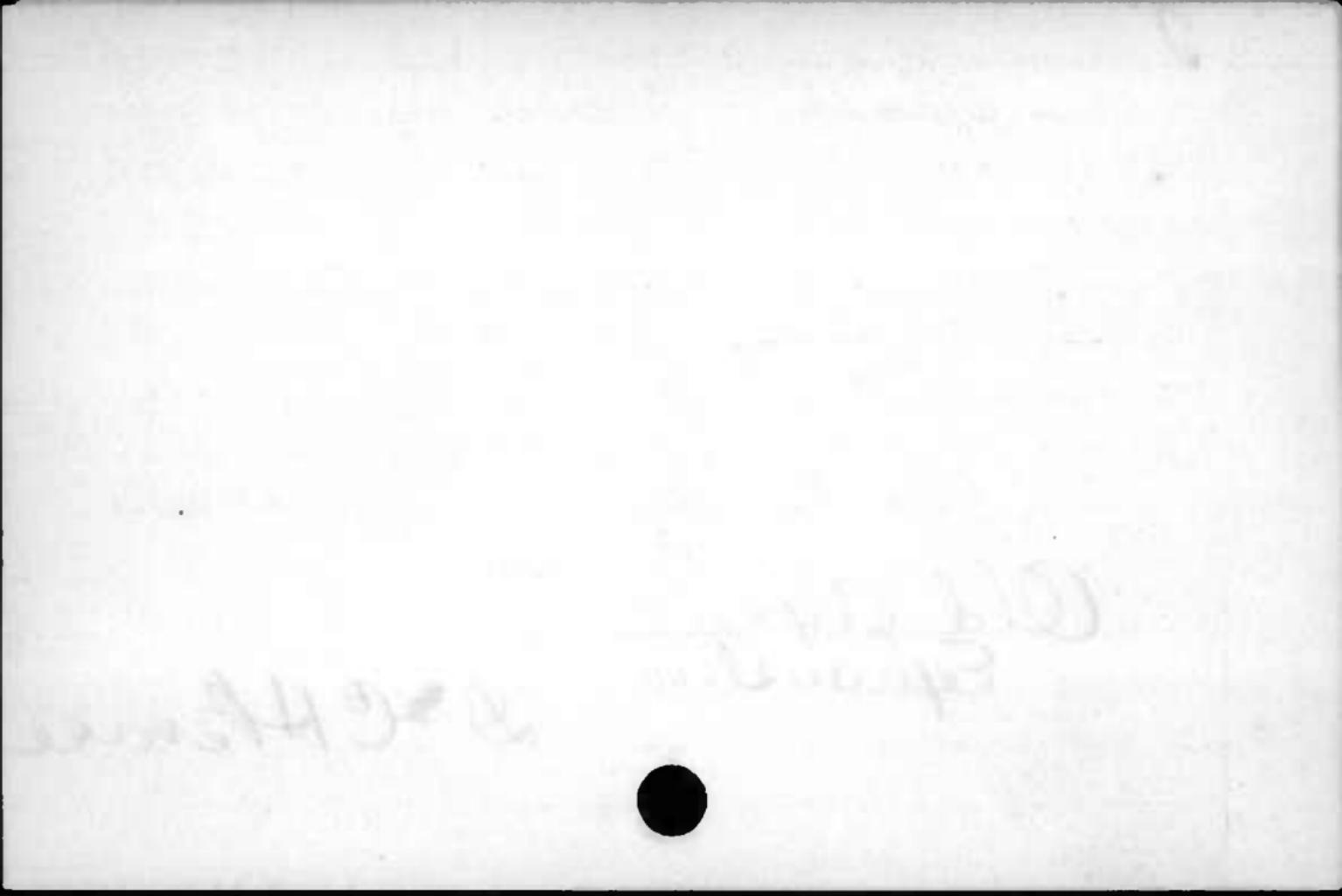
CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County			
Date of death	1906	Month Feb	Day 25	Years	Months	Days
Sex	Female	Color or Race	white	Birthplace	Md.	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Eugene A. Stull					Father's Birthplace
Mother's Maiden Name	Carrie S. Shiver					Mother's Birthplace
Name of person giving information	E. A. Stull					How related to deceased

CAUSES OF DEATH

Primary	Premature birth	151	How long
Immediate	Exhaustion		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name
in
Full

Esafelie Salivan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Marlboro		Town County allegany		MARYLAND	
Date of death 1906 Feb	Month Feb	Day 24	Age 72	Years	Months —
Sex Female	Color or Race white	Birth- place Md.	Days —		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed Widow	Name of Wife or Husband —				
Father's Name —				Father's Birthplace	
Mother's Maiden Name —				Mother's Birthplace	
Name of person giving Information John Friedly				How related to deceased son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Old age	How long 154
Immediate Exhaustion	How long

Are the name, age, sex, color, date
and place correctly given above?

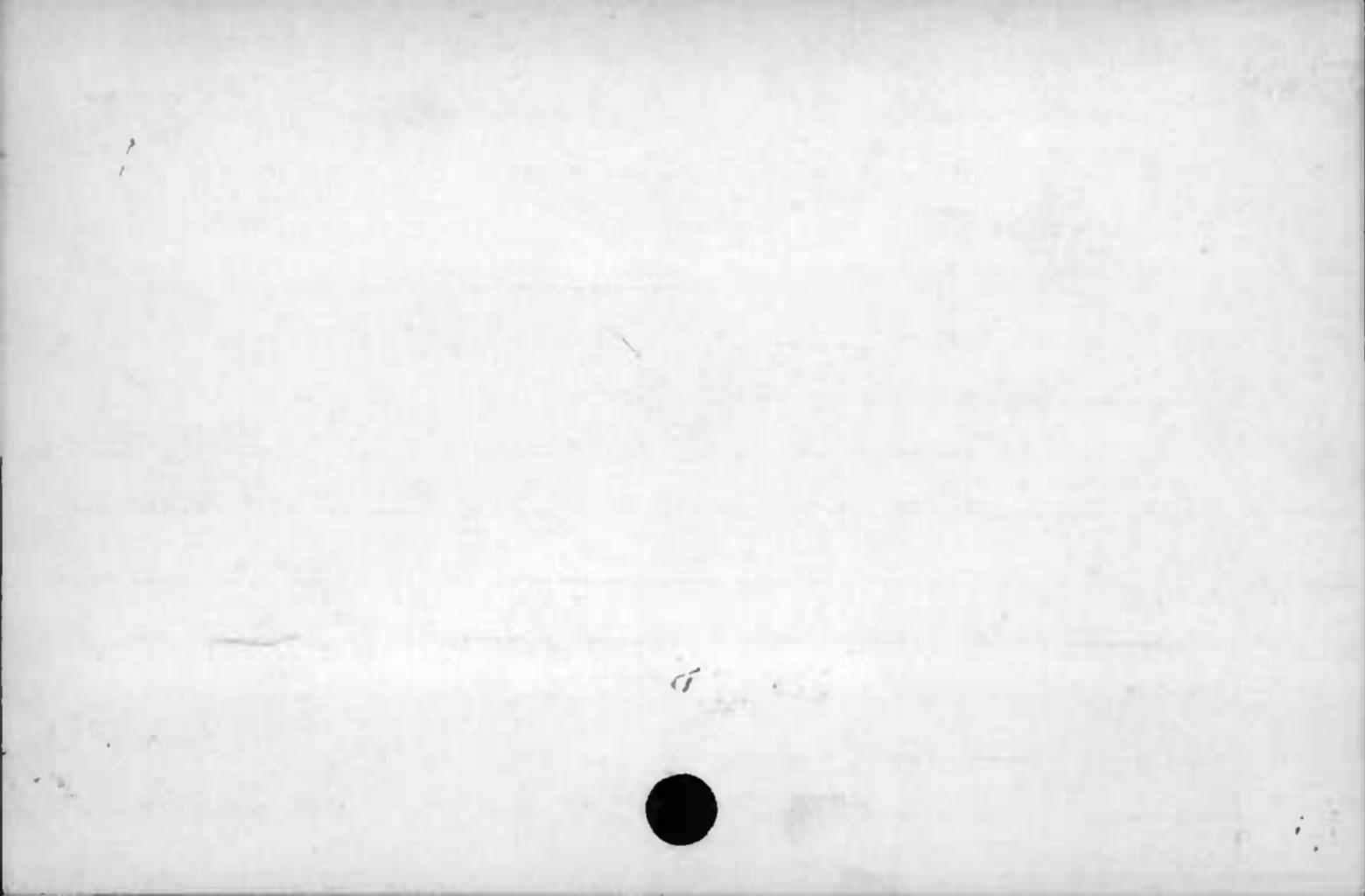
Signature of
Physician

Address

D. C. H. Brae

1

Accident or Suicide?



Name
in
Full

Lucy Fechtig Thomas

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Cumberland	August 7,	Months	10	Days
Date of death	Month	Day	Years		
1906	July	22	Age	1	
Sex	Female	Color or Race	White	Birth-place	Cumberland
Occupation	Where Residing if not at place of death			—	
Married, Single or Widowed	—	Name of Wife or Husband	—	—	
Father's Name	C. L. Thomas			Father's Birthplace	W. Va.
Mother's Maiden Name	Octavia Bowers			Mother's Birthplace	W. Va.
Name of person giving information	C. L. Thomas.			How related to deceased	Father

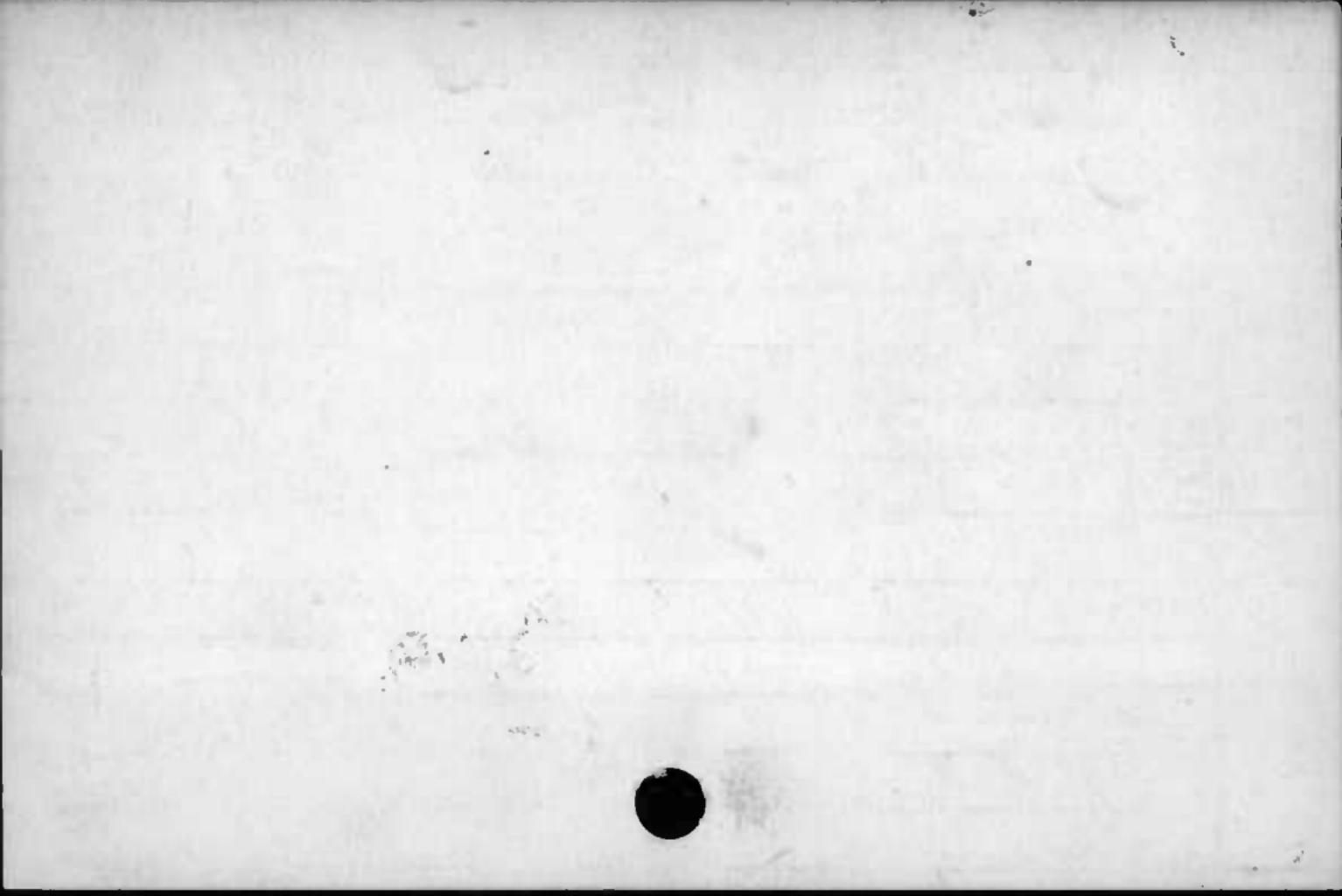
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Convulsions	How long
Immediate	Pneumonia	How long
Are the name, age, sex, color, date and place correctly given above?		93
Yes		Signature of Physician
		Address

Dr. H. S. Wadles
Stephens
Cumberland
Md.

Accident or Suicide?



Name
in
Full

Charles P. Ward

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Frostburg

Allegany

Date
of death 190

Month

Day

Years

Months

Days

6 July 21

33

Sex

Color or
Race

Cr.

Birth-
place

Frostburg

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Finley P. Ward

Father's
Birthplace

South Carolina

Mother's
Maiden Name

Rebecca J. Gallagher

Mother's
Birthplace

Pg

Name of person giving
Information

E. J. Springer

How related
to deceased

law
Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Catastrophic Jaundice

How long
about 1 year

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

J. C. Cobey
Frostburg, Md.

1

Accident or Suicide?

No

H. C. H. only

Name
in
Full

Harry R Whalley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at		Cumberland	County		Maryland	
Date of death	Month	Day	Years	Months	Days	
1906	Sept	17	5	2	2	
Sex	Male	Color or Race	White	Birth-place	Cumberland	
Occupation	—	Where Residing if not at place of death			—	
Married, Single or Widowed	—	Name of Wife or Husband			—	
Father's Name	Harry R. Whalley			Father's Birthplace	Cumberland	
Mother's Maiden Name	Lillie M. Kitzmiller			Mother's Birthplace	Cumberland	
Name of person giving information	Harry R. Whalley			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid Fever

①

How long

8-days

Immediate

Perforation

How long

3 hrs

Are the name, age, sex, color, date and place correctly given above?

yes.

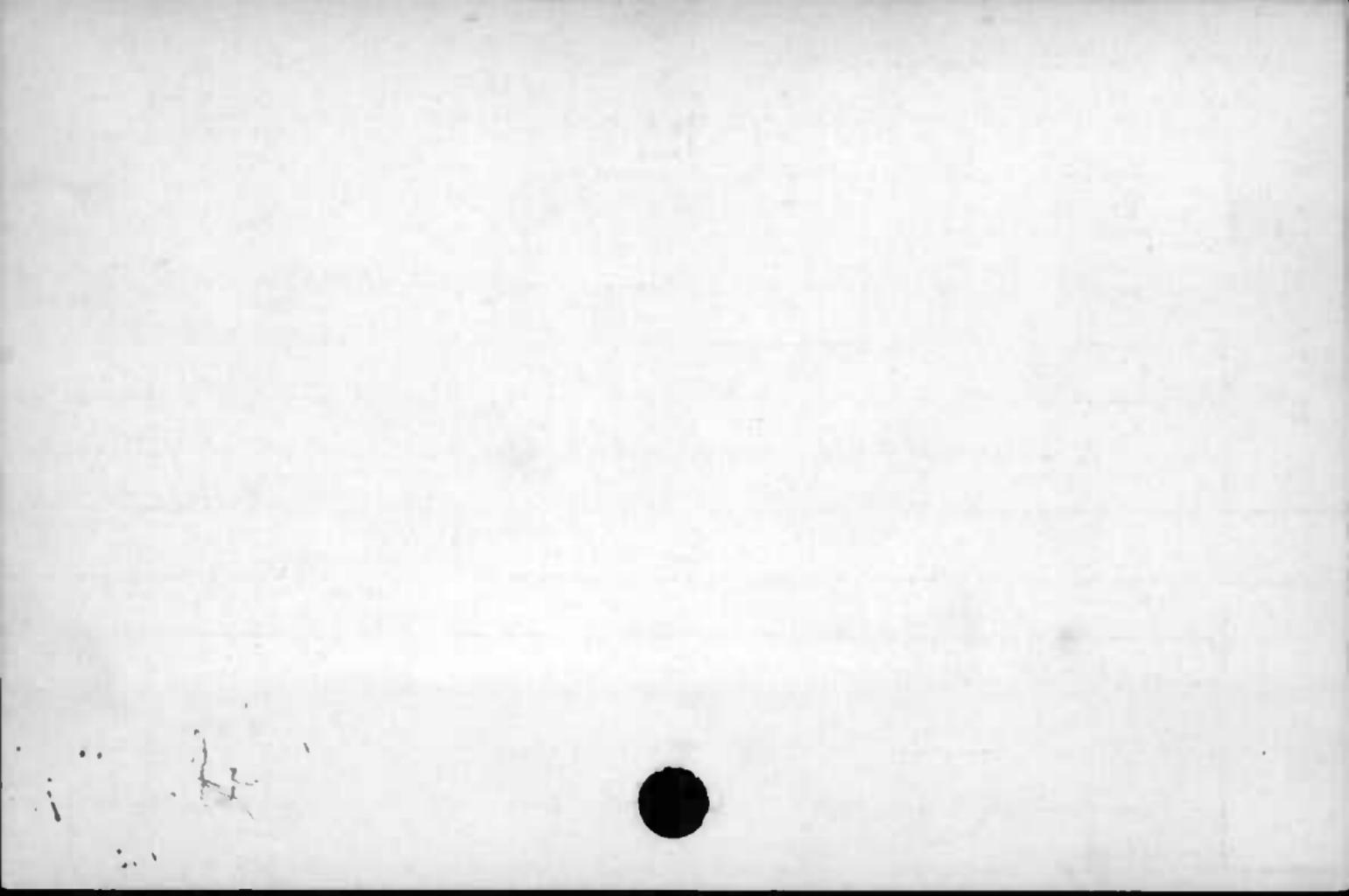
Signature of Physician

Dr. F. A. Barkdoll
Cumberland
Md

Address

Accident or Suicide?

✓



Missouri E. Willison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at	Town		County		MARYLAND			
	Frostburg		Allegany					
Date of death	Month	Day	Years	Age	Months	Days		
1906	2	88	29		7	14		
Sex	Color or Race		W.		Birth-place			
H.	W.				Md			
Occupation				Where Residing if not at place of death				
H. H.								
Married, Single or Widowed	Name of Wife or Husband							
Andrew J. Willison						Father's Birthplace		
Father's Name							Md	
Mother's Maiden Name	Missouri E. Hartzell						Mother's Birthplace	
Name of person giving Information		George Willison						How related to deceased
Bro.								

CAUSES OF DEATH

Primary

Retention Toxic Regurgitation

How long

Immediate

Sudden

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Dr. W. M. Lane

Address

Frostburg



Accident or Suicide?

Ally. Cemetery
Key 19 May 8.

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1

John H. Young.				CERTIFICATE OF DEATH			
Died at <u>Canterbury</u>		Town	County	MARYLAND			
Date of death	1906	Month 2	Day 9	Age 91	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	Reisterstown.		
Occupation	Retired Citizen			Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband		Lester Young		Father's Birthplace	Germany	
Father's Name	John A. Young		Rebecca Abrams		Mother's Birthplace	Baltimore Md	
Mother's Maiden Name	Rebecca Abrams		Mary. Hebron.		How related to deceased	Sister	
Name of person giving Information							

CAUSES OF DEATH

Primary

Disease through

79

How long

one year

Immediate

Adema of lungs

How long

5 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

JB

R. W. Miller
Baltimore Md

Accident or

